

<b>Case Number:</b>	CM13-0058119		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome, sleep disturbance, low back pain, and headaches reportedly associated with an industrial injury of October 18, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; sleep aids; transfer of care to and from various providers in various specialties; a wrist brace; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of November 15, 2013, the claims administrator denied a request for a sleep study and a sleep evaluation. The applicant's attorney subsequently appealed. In a handwritten progress note of November 13, 2013, the applicant is described as having persistent wrist pain with associated numbness, tingling, paresthesias about the hands. The applicant has reportedly had normal electrodiagnostic testing of August 30, 2013. The applicant is given refills of Prilosec, Naprosyn, tramadol and placed off of work, on total temporary disability. The applicant is asked to continue wrist braces and home exercises. An earlier progress note of November 14, 2013 is notable for comments that the applicant was given diagnosis of left wrist dorsal ganglion cyst, left wrist sprain, and bilateral carpal tunnel syndrome. A medial legal evaluation of October 23, 2013 states that the applicant carries diagnosis of chronic wrist pain, dorsal ganglion cyst status post surgical removal, healed left distal radial fracture, and possible left-sided early carpal tunnel syndrome. An April 26, 2013 progress note is notable for comments that the applicant carries diagnoses of depression and anxiety disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**SLEEP EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Polysomnography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Physician Reviewer based his/her decision on American Academy of Sleep Medicine (AASM), Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults and Schutte-Rodin S; Broch L; Buysse D; Dorsey C; Sateia M. Clinical guideline for the ev

**Decision rationale:** The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), polysomnography, sleep evaluations, and daytime multiple sleep latency testing are "not indicated" in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. In this case, the applicant is described as having ongoing issues with psychological stress, anxiety, and depression. These symptoms effectively call in the question of the diagnosis of a sleep disorder for which either a sleep evaluation or formal sleep study testing would be indicated, per AASM. Therefore, the request is not certified, on Independent Medical Review.

**SLEEP STUDY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Polysomnography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults and Schutte-Rodin S; Broch L; Buysse D; Dorsey C; Sateia M. Clinical guideline for the evaluation and management of chronic in- somnia in

**Decision rationale:** Again, the MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), sleep studies, polysomnography, and daytime multiple sleep latency testing is "not indicated" in the routine evaluation of insomnia due to psychiatric or neuropsychiatric disorders, as appears to be present here. In this case, the applicant has longstanding mental health issues. Performing sleep testing to further evaluate the same is not indicated to further work up or evaluate the presence of sleep disturbance secondary to psychiatric issues, per AASM. Therefore, the request is not certified, on Independent Medical Review.