

<b>Case Number:</b>	CM13-0072461		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	12/15/1999
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 former [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 15, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; at least two (2) lumbar epidural steroid injections; and unspecified amounts of physical therapy. In a Utilization Review Report dated December 9, 2013, the claims administrator denied a request for a sleep study, citing American Academy of Neurology (AAN) Guidelines. The cited guidelines, however, were not incorporated into the text of the report or rationale. The applicant's attorney subsequently appealed. A November 19, 2013 progress note is notable for comments that the applicant reported persistent low back pain radiating to the legs. The applicant was on Norco and Zantac. The applicant was reporting sleep disruption secondary to back pain and spasm. The applicant was placed off of work, on total temporary disability and asked to pursue a sleep study. Norco, Protonix, and topical Terocin were endorsed. An earlier note of November 5th, 2013 was notable for comments that the applicant carried a diagnosis of asthma, hypertension, dyslipidemia, anxiety disorder, and major depressive disorder. The applicant was described as using several psychotropic medications on that date, including estazolam, Atarax, and Celexa.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SLEEP STUDY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN ACADEMY OF NEUROLOGY.

**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 ([HTTP://WWW.AASMNET.ORG/PRACTICEPARAMETERS.ASPX?CID=109](http://www.aasmnet.org/practiceparameters.aspx?CID=109)).

**Decision rationale:** As noted by the American Academy of Sleep Medicine (AASM), polysomnography, also known as a sleep study is not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. In this case, the applicant in fact has ongoing issues with anxiety disorder, major depressive disorder, and chronic pain syndrome. Sleep studies are not indicated in the evaluation of insomnia due to chronic pain or insomnia due to depression, both of which are present here. The applicant has long-standing issues with chronic pain syndrome and various psychiatric issues. Therefore, the request is not medically necessary.