

Case Number:	CM14-0103688		
Date Assigned:	07/30/2014	Date of Injury:	09/12/2003
Decision Date:	10/14/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/07/2014

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 [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 12, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar laminectomy surgery; and a TENS unit. In a Utilization Review Report dated June 8, 2014, the claims administrator denied a request for a sleep study. The applicant's attorney subsequently appealed. In a progress note dated May 27, 2014, the applicant was described as carrying diagnoses of severe lumbar radiculopathy, chronic pain syndrome, opioid dependence, myofascial pain syndrome, chronic pain-related insomnia, chronic pain-related anxiety, chronic pain-related depression, chronic pain-related sexual dysfunction, and earlier failed lumbar laminectomy surgery. Various topical compounded medications were sought, including FluriFlex. Dietary supplements were also endorsed. A sleep study, TENS unit, and aquatic therapy were sought. The applicant's work status was not clearly stated, although the applicant did not appear to be working.

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 cite any medical evidence for its decision.

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 Guidelines for the Evaluation and Management Of Chronic Insomnia In Adults.

Decision rationale: The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), however, a sleep studies/polysomnography are "not indicated" in the evaluation of insomnia due to psychiatric or neuropsychiatric source. In this case, the applicant has a variety of mental health issues, including depression, anxiety, pain-related insomnia, etc. As noted by AASM, a sleep study would be of no benefit in establishing the diagnosis of depression-induced sleep disturbance or pain-induced sleep disturbance. No compelling applicant-specific rationale or medical evidence to support the study at issue was proffered in the phase of the unfavorable AASM recommendation. Therefore, the request is not medically necessary.