

Case Number:	CM14-0106325		
Date Assigned:	07/30/2014	Date of Injury:	06/16/2003
Decision Date:	10/16/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/08/2014

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, foot, ankle, and thigh pain reportedly associated with an industrial injury of June 16, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy surgery; subsequent lumbar fusion surgery; epidural steroid injection therapy; opioid therapy; and extensive periods off of work. In a utilization review report dated June 11, 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 reported persistent complaints of low back pain radiating into the left thigh, reportedly severe. The applicant was taking multiple medications, including Flexeril, Soma, Fentanyl, Percocet, and Ambien. Multiple medications were refilled. A sleep study and an electric scooter were sought. The attending provider stated that the applicant was having issues with sleep disturbance. In a medical-legal evaluation dated June 21, 2013, the applicant was described as having issues with significant depression. The applicant was not brushing his teeth owing to depression, he stated, and apparently developed dental caries as a result. The medical-legal evaluation stated that the applicant was having difficulties with sleeping secondary to chronic pain.

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 Official Disability Guidelines: Pain (Updated 4/10/2014) Criteria for Polysomnography (Sleep Study)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Academy of Sleep Medicine (AASM), Clinical Guideline 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), polysomnography/sleep studies are not indicated in the routine evaluation of chronic insomnia, including insomnia due to a psychiatric or neuropsychiatric disorders. While AASM does acknowledge that polysomnography is indicated when there is reasonable clinical suspicion of breathing or movement disorders such as sleep apnea, in this case, however, the applicant's sleep disturbance has been postulated to be the result of chronic pain and/or depression, both of which are present here. Both the applicant's medical-legal evaluator and primary treating provider (PTP) have acknowledged that the applicant's sleep disturbance/sleep dysfunction represents a function of pain and/or depression. A sleep study would be of no benefit in establishing the presence of pain-induced or depression-induced insomnia, per AASM. Therefore, the request is not medically necessary.