

Case Number:	CM14-0016145		
Date Assigned:	07/02/2014	Date of Injury:	10/03/2008
Decision Date:	09/10/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Georgia. 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 patient is a 49 year old male who was injured on 10/03/1998 while performing her usual and customary duties. She gradually developed injury to her right shoulder, right elbow, right wrist and hand attributed to repetitive use of her upper extremities. Of note, in the initial comprehensive report dated 11/02/2013, there is mention of a sleep study having been performed sometime between 2008 and 2010. Results were "unrecalled." It was noted that the sleep disturbances she complained of were likely attributable to pain and stress. She was advised to follow a course of sleep hygiene. On Neuro agreed medical exam (AME) performed by [REDACTED] dated 12/09/2013, it was documented that the patient had sporadic seizures in which loss of consciousness was reported. It was noted that there was no jerking of the limbs. Within the AME, a summary of a note from 06/09/2008 noted "Anxiety and insomnia related to job stress"; valerian root was recommended, as well as melatonin. Also documented in the 12/09/2013 Neuro AME were the results of a sleep study performed on 04/05/2009. The polysomnogram report noted 32.8% sleep efficiency, 0% REM sleep, sleep latency of 192.0 minutes. Arousal index was 22.5/hour, with apnea/hypopnea index 2.0/hour, with apnea/hypopnea index while supine 4.3/hour. Apneas numbered 1, hypopneas numbered 3. Oxygen saturation dropped to a low of 89%. Recommendations were made for weight reduction to BMI of 27; sleep hygiene; avoidance of caffeine, alcohol, and nicotine prior to bedtime. In a 6 hour and 14 minute period (11:24:26 PM to 5:38:26 AM), the patient spent 122.5 minutes sleeping and 250.5 minutes awake. Epworth Sleepiness Score was 7. [REDACTED] assessment was that the patient demonstrated a severe degree of sleep inefficiency. Prior utilization review dated 01/15/2014 stated the request for sleep study was denied as there was a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP STUDY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain (Chronic)>, <Polysomnography > Other Medical Treatment Guideline or Medical Evidence: Schutte-Rodin S, Broch L, Buysse D, Dorsey C, and Sateia M. Clinical Guidelines for the Evaluation and Management of Chronic Insomnia in Adults. Journal of Clinical Sleep Medicine. 2008; 4:487-504. Available at: <http://www.aasmnet.org/Resources/clinicalguidelines/040515.pdf>. Accessed September 3, 2014.

Decision rationale: The Official Disability Guidelines (ODG) note that polysomnography is recommended after at least six months of an insomnia complaint which is unresponsive to behavior intervention or sedation/sleep promoting medications, and after psychiatric etiology has been excluded. Criteria include the combination of: 1) excessive daytime sleepiness; 2) Cataplexy; 3) Morning headaches after other causes have been ruled out; 4) Intellectual deterioration; 5) Personality change not secondary to medications, cerebral mass or psychiatric condition; 6) Insomnia complaint for at least six months as noted above. In the above reference article, clinical guidelines indicate that polysomnography is indicated when "there is reasonable clinical suspicion of breathing (sleep apnea) or movement disorders, when initial diagnosis is uncertain, treatment fails (behavioral or pharmacologic), or precipitous arousals occur with violent or injurious behaviors." The medical records document apneic/hypopneic episodes during the sleep study performed in 2009. Based on the ODG guidelines and criteria, the above cited article, as well as the clinical documentation stated above, the request for a sleep study is medically necessary.