

<b>Case Number:</b>	CM14-0017051		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	06/05/2003
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Family Practice and is licensed to practice in Tennessee, California and Virginia. 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 has filed a claim for hypersomnia and unspecified other sleep disturbances. The stated date of injury is 06/05/03. The applicant is a 57-year-old female with a past medical history of hypothyroidism, fibromyalgia, chronic neck/back pain status post motor vehicle accident and decompression. The only clinical note available for review is dated 12/16/13 by treating physician, [REDACTED]. According to the clinical note, the applicant was being seen for evaluation of fibromyalgia. The applicant reported she had been in therapy in the past but was not sure what type of medication she had taken but she did think it was some type of pain medication. The applicant stated all of her problems began in 2003 after getting into an auto accident where she was rear-ended. She developed chronic neck/back pain, which required Flexeril and Tylenol for the pain. Her fibromyalgia symptoms reportedly include poor sleep; diffuse body aches, and depression. The applicant stated she was sleeping 5-6 hours nightly and it was non-restorative. She noted she wakes in the middle of the night short of breath with daytime somnolence requiring frequent daytime naps. The patient has difficulty staying asleep rather than falling asleep. She denied snoring and stated she never had a sleep study in the past. Neurological examination revealed no focal deficits, sensation intact, and cranial nerves 2-12 intact. Page 3 is missing from the clinical notes provided; therefore, there is no assessment or plan provided in the records submitted. There is a request form for a sleep study with a diagnosis listed of fibromyalgia and poor sleep with daytime somnolence and difficulty staying asleep. In a utilization review report dated 01/13/14, the sleep study is not recommended for certification based on the following rationale: Sleep studies are indicated for sleep related breathing disorders or periodic limb movement disorders, both of which were not typical of industrial conditions. The submitted partial report reflected clinical details that suggest sleep disturbance due to pain and psychiatric issues. It was noted that the claimant did not snore and was not overweight.

Therefore, it was determined that a sleep study was not necessary and further, the diagnosis of depression and fibromyalgia did not support performing the sleep study.

### **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 Littner, M, et al. Practice parameters for using polysomnography to evaluate insomnia: an update. Sleep 2003 Sep 15;26(6):754-60 [61 references] PubMed

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

**Decision rationale:** The requested sleep study would not be recommended as medically necessary. It is noted that the applicant's insomnia may be related in part to her depression and diffuse body aches. CA MTUS and ACOEM guidelines do not specifically address sleep studies. As per Official Disability Guidelines, a sleep study would be indicated after insomnia complaints of at least six months and unresponsiveness to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. There is no documentation in the clinical notes provided regarding medications used or other interventions attempted to help improve sleep. Also, there appears to be a psychiatric component as it is noted that the insomnia may be related to her depression. Therefore, cannot recommend the sleep study as medically reasonable or necessary at this time.