

<b>Case Number:</b>	CM14-0017974		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	08/26/2010
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 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 patient is a 44-year-old female who was injured on 08/26/2010 while restraining inmates involved in a fight. She sustained multiple injuries (including her neck, low back, right shoulder and right wrist). The prior treatment history has included chiropractic treatment and physiotherapy. Her medications consist of Tylenol or Advil. The progress note dated 01/27/2014, documented that the patient describes difficulty sleeping since she sustained these injuries more than three (3) years ago. She states she slept about seven (7) hours per night before the date of the injury (broken only once or twice with awakenings). She watches television prior to retiring at about 9 pm. She previously fell asleep quickly; now she requires 30 minutes to three (3) hours before she falls asleep. She has difficulty initiating sleep owing to physical pain and rumination. She sleep soundly for about four (4) or five (5) hours. She then awakens and has great difficulty resuming sleep. She often arises and walks around the house. She does not intentionally nap during the day. She usually is unable to resume restful sleeping after this nocturnal awakening. She estimates that she is now sleeping five (5) or six (6) hours per night. She does not have nocturia. She has not been advised of snoring or apnea while she sleeps. Her Epworth Sleepiness Scale reveals score of two (2). Zolpidem has been beneficial. She continues to experience major psychological problems. She has depression and bouts of crying. She developed chronic headaches for the first time in her life after this injury. She recalls only sporadic headaches (usually related to stress) before this specific injury. She has bitemporal or bifrontal headaches several times per week. She has had episodes of chest pain and tightness while under stress. She denies shortness of breath. Her maximum aerobic activity is walking. She denies exertional symptoms. She denies palpitations, dizziness or syncope. The Diagnostic Impression includes: 1. Chronic headaches 2. Sleep disorder, multi-factorial a. Sleep onset insomnia b. Sleep maintenance disorder with wake after sleep onset.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **SLEEP STUDY CONSULTATION:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2444, PAGE 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 503.

**Decision rationale:** The ACOEM guidelines indicate that, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, this patient has chronic pain associated with headaches, anxiety/depression, and insomnia. The progress report dated 01/27/2014, documents that she only gets four (4) to five (5) hours a sleep per night. She then awakens and has difficulty going back to sleep. She watches television or often walks. She denied nocturia or day time sleeping. She had no difficulty sleeping prior to the injury. The Epworth Sleepiness scale was noted as two (2). She has been prescribed Zolpidem. Thus, the medical necessity for sleep study consultation has been established and the request is certified.