

Case Number:	CM14-0124304		
Date Assigned:	08/08/2014	Date of Injury:	12/10/2012
Decision Date:	09/11/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/06/2014

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, has a subspecialty in Interventional Spine 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 50-year-old male with a date of injury of 12/10/2013. The listed diagnoses per [REDACTED] are: 1.Lumbar disk displacement. 2.Status post L5-S1 decompression and fusion. The patient is status post L5-S1 microdiscectomy by [REDACTED] on 04/16/2013 and L5-S1 ALIF with infused BMP cages and L4 to S1 posterior revision decompression on 11/04/2013. According to progress report 07/10/2014, the patient continues to have significant stiffness and achiness to his low back. He also continues to have difficulty sleeping at night. He feels depressed and worries about his future and continues to have significant pain with sitting for prolonged periods of time. He has developed a limp. He is taking Zoloft 100 mg, clonazepam 2 mg, and sertraline HCL 100 mg. Treater states that patient sleeps less than 4 hours a night due to pain. He is requesting authorization for a sleep study as requested by internal medicine QME. QME report from 04/22/2014 by [REDACTED] indicates the patient has interrupted sleep due to his pain. He can only get about 2 to 3 hours of sleep. With medications, he gets up to 4 to 5 hours per night. He also feels agitation and anxieties are making it difficult to fall asleep at night. It was noted patient has prior diagnosis of sleep apnea. [REDACTED] states, based on his sleep questionnaire, the patient should be scheduled for a sleep study. Utilization review denied the request on 07/18/2014.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding sleep studies: Recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Home portable monitor testing may be an option. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. It is administered by a sleep specialist, a physician who is Board eligible or certified by the American Board of Sleep Medicine, or a pulmonologist or neurologist whose practice comprises at least 25% of sleep medicine. (Schneider-Helmert, 2003) According to page 3-17 of the AMA Guides (5th ed), sleep disorder claims must be supported by formal studies in a sleep laboratory. (Andersson, 2000) However, home portable monitor testing is increasingly being used to diagnose patients with obstructive sleep apnea (OSA) and to initiate them on continuous positive airway pressure (CPAP) treatment, and the latest evidence indicates that functional outcome and treatment adherence in patients evaluated according to a home testing algorithm is not clinically inferior to that in patients receiving standard in-laboratory polysomnography. (Kuna, 2011) Criteria for Polysomnography: Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended.

Decision rationale: This patient continues to have significant stiffness and achiness to his low back. He also continues to have difficulty sleeping at night. [REDACTED] suggested patient undergo a sleep study due to patient's continued sleep disturbances. The MTUS and ACOEM Guidelines do not address sleep studies. However, ODG Guidelines has the following regarding polysomnogram, "recommended after at least 6 months of insomnia complaints at least 4 nights a week, unresponsive to behavioral intervention as sedative sleep promoting medications and after psychiatric etiology has been excluded." Although progress reports indicate the patient has poor sleep, the treater has not discussed behavior intervention, medications trial, and psychiatric etiology. The treater also does not describe morning time headaches due to insomnia, personality changes, or daytime insomnia. The sleep study is not medically necessary and recommendation is for denial.