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| Case Number: | CM14-0155346 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 09/04/2012 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 09/09/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 53-year-old female who reported an injury on 09/04/2012, the mechanism of injury was not provided. On 07/18/2014, the injured worker presented with pain in the bilateral wrist and hands, low back pain, and bilateral foot pain. The injured worker had also reported insomnia and depression, along with anxiety and stress. Examination of the bilateral wrists noted generalized tenderness over the bilateral hands, with decreased range of motion and a positive bilateral Phalen's, with intact sensation and decreased myotomes. Examination of the lumbar spine noted tenderness to the paraspinals and lumbosacral junction with decreased range of motion and decreased sensations. The diagnoses were bilateral wrist pain, bilateral carpal tunnel syndrome, lumbar disc displacement, lumbar spondylolisthesis, rule out lumbar radiculopathy, mood disorder, anxiety, stress, hypertension, and diabetes mellitus type II. The provider recommended a polysomnogram, the provider's rationale was not provided. The Request For Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

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

Decision rationale: The request for polysomnogram is not medically necessary. The Official Disability Guidelines state that a polysomnogram is recommended after at least 6 months of insomnia complaint of at least 4 nights a week with unresponsiveness to behavior interventions, and sedative/sleep promoting medications. Psychiatric etiology would have been excluded. It is not recommended for routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. An in home portable monitor testing may be an option. The criteria for use of a polysomnogram include excessive daytime somnolence, cataplexy, morning headache, a sleep related breathing disorder or periodic limb movement disorder, or insomnia complaint of at least 6 months for 4 nights a week with unresponsiveness to behavior interventions and sedative/sleep promoting medications with psychiatric etiology exclusion. There is lack of documentation that the injured worker has had unresponsiveness to behavior intervention and/or sedative/sleep sedatives promoting medications. There is lack of objective findings of insomnia noted. As such, medical necessity has not been established.

CPAP Titration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epstein LJ, Kristo D, Stroololo PJ Jr, Friedman N, Malhotra A, Patil SP, Ramark, Rogers R, Schwab RJ, Weaver EM, Weinsein MD, Adult Obstructive Sleep Apnea Task Force of The American Academy of Sleep Medicine. Clinical Guideline for the Evaluation, management and long term care of Obstructive Sleep Apnea in Adults. J Clin Sleep Med. 2009 June 15;5(3): 263-76 PubMed External Web Site Policy

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary request is not medically warranted, a CPAP titration would not be medically necessary.