

Case Number:	CM14-0171374		
Date Assigned:	10/23/2014	Date of Injury:	04/14/2009
Decision Date:	11/25/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/16/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 14, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. Through the utilization review process, the claims administrator invoked non-MTUS ODG guidelines to deny the polysomnogram. The claims administrator did allude to the applicant's having issues with both depression and chronic pain. The applicant's attorney subsequently appealed. In a progress note dated September 2, 2014, the applicant reported ongoing complaints of low back pain radiating to the right leg, exacerbated by sitting, lifting, bending, stooping, and standing. The applicant also reported issues with mood swings, fatigue, and attendant issues with poor sleep. Both a sleep study and psychiatric evaluation were reportedly pending. In an earlier note dated July 31, 2014, the applicant again reported ongoing complaints of low back pain radiating to the right leg, 8/10. The applicant again reported issues with insomnia, sleep disturbance, altered mood, and fatigue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnography, per 07/31/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Polysomnography; Criteria for Polysomnography (sleep studies)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S; Broch L; Buysse D; Dorsey C; Sateia M. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med 2008;4(5):487-504

Decision rationale: The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), polysomnography is not indicated in the routine evaluation of insomnia, including insomnia due to psychiatric or neuropsychiatric disorders, as appears to be the case here. The applicant has a variety of issues with depression, malaise, and chronic pain, the attending provider has acknowledged. A sleep study/polysomnogram would be of no benefit in establishing a diagnosis of depression-induced insomnia or pain-induced insomnia, per AASM. Therefore, the request is not medically necessary.