

Case Number:	CM14-0179617		
Date Assigned:	11/04/2014	Date of Injury:	06/04/2012
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/29/2014

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:

There were 44 pages provided for this review. The application for independent medical review was dated October 28, 2014. It was for a polysomnogram. The diagnoses were carpal tunnel syndrome, a disc in the cervical region, sprain-strain of the lumbar and shoulder impingement. The claimant is described as a 47-year-old female who was born [REDACTED]. The date of injury was June 4, 2012. The mechanism of injury was not described. The diagnosis was carpal tunnel syndrome, cervical disc disease, lumbar strain sprain with shoulder impingement. The patient has a past medical history of diabetes with a degree of hypertension. MRI imaging showed degenerative disc disease at C4-C7. Foraminal narrowing was noted at C3-C4. Nerve conduction studies have shown carpal tunnel syndrome without evidence of radiculopathy. Norco and soma were the medicines. She has pain that wakes her up several times at night and there is a reported degree of insomnia. They will continue with Norco, soma, flexor patch and antiphon Ativan for anxiety. She is on Bupropion and Remeron for depression and insomnia, Gabapentin and Protonix. Cervical traction was also requested.

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 Official Disability Guidelines Treatment

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

Decision rationale: The MTUS is silent on sleep studies such as polysomnograms. The ODG notes regarding sleep studies that they are 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. The claimant meets none of these criteria. Further In-lab polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence. This criterion is not met.(2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); This criterion is not met.(3) Morning headache (other causes have been ruled out); this criterion is not met.(4) Intellectual deterioration (sudden, without suspicion of organic dementia); This criterion is not met.(5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); this criterion also is not met.(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. Again, this criterion is not met.As noted next to each criteria, multiple criteria are not met for the study. Therefore, the request was appropriately non-certified under the evidence-based criteria.