

Case Number:	CM14-0024618		
Date Assigned:	06/11/2014	Date of Injury:	08/27/2011
Decision Date:	07/29/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/26/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 35 year old male who reported an injury on 08/27/2011. On 01/15/2014, the injured worker presented with neck pain radiating to the right shoulder with numbness and right shoulder pain radiating to the right hand with numbness. He also reported loss of sleep due to pain and wakes up 3 times a night due to pain and numbness in the bilateral hands. Upon examination of the cervical spine there was a +3 tenderness to palpation of the bilateral trapezial, C4-7 spinous process and cervical paravertebral muscles. There was muscle spasm noted to the cervical paravertebral muscles and cervical compression causes pain to the right. There were also psychological complaints due to pain. The diagnoses were cervical musculoligamentous injury, cervical radiculopathy, right shoulder adhesive tendinitis, right shoulder internal derangement, right shoulder myoligamentous injury status post surgery, right shoulder, loss of sleep, sleep disturbance, anxiety, depression, and irritability. Prior treatment included physical therapy and medications. The provider recommended a sleep study with hi tech diagnostics. The provider's rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP STUDY WITH HI TECH DIAGNOSTIC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

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 Official Disability Guidelines recommend a polysomnography after at least 6 months of an insomnia complaint at least 4 nights a week, unresponsiveness to behavior interventions and sedative sleep promoting medications, and after psychiatric etiology has been excluded. It is not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Criteria for use of a polysomnograph include excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality changes, sleep related breathing disorders, and an insomnia complaint for at least 6 months. The included medical documentation lacked evidence of the severity of the insomnia complaint, and a complaint of insomnia for at least 6 month with unresponsive behavior to intervention and sedative/sleep promoting medications with psychiatric etiology excluded. There was lack of documentation of daytime somnolence or muscle weakness due to cataplexy, or mention of a morning headache. As such, the request is not medically necessary and appropriate.