

Case Number:	CM14-0031020		
Date Assigned:	06/20/2014	Date of Injury:	08/22/2012
Decision Date:	07/17/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/12/2014

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 and is licensed to practice in Texas and Ohio. 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 52-year-old male who reported an injury on 08/22/2012 due to a fall. The clinical note dated 01/07/2014 noted the injured worker presented with complaints of radiating pain and numbness to the lower extremities, with sleep interruptions due to pain. Prior treatment included muscle relaxants for pain. He reported having impaired sleep, averaging 4 hours a night. He had difficulty with sleep patterns, the ability to initiate sleep, and his quality of sleep. His latency to sleep onset averages 30 minutes; however, he often awakens at 1 in the morning due to pain in the low back and numbness in his lower extremities. He awakens at 7 AM feeling very fatigued and naps when necessary. The injured worker also noted snoring and gasping episodes, which awaken him from sleep, and complaints of dry mouth and cephalgias. The injured worker also reported severe memory loss and lack of concentration, and the inability to perform activities of daily living due to moderate fatigue. A physical examination revealed Mallampati grade 3, redundant pharyngeal and tonsillar tissue, high tongue base, enlarged uvula, significant scalloping of the tongue, and a right nasal septal deviation. The diagnosis for sleep-disordered breathing and sleep onset and maintenance insomnia secondary to pain and racing thoughts. 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 Official Disability Guideline (ODG), Treatment Index, 11th Edition (web), 2013, Pain Chapter, Polysomnography.

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

Decision rationale: The request for a polysomnogram is not medically necessary. Official Disability Guidelines recommend a polysomnography 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. It is not recommended for routine evaluation of transient insomnia, chronic insomnia, and insomnia associated with psychiatric disorders. Home portable monitor testing may be an option. Criteria for use of the polysomnography include: excessive daytime somnolence, cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy), morning headache, intellectual deterioration, personality change, sleep related breathing disorder, and insomnia complaint for at least 6 months that is unresponsive to behavior interventions and sedative/sleep-promoting medications and psychiatric etiology has been excluded. The included medical documentation reports insomnia complaints of at least 4 nights a week, excessive daytime somnolence, and intellectual deterioration in the form of memory loss. However, the included medical documentation did not include unresponsive behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has not been excluded. The guidelines do not recommend a polysomnography for routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. As such, the request is not medically necessary.