

Case Number:	CM14-0031494		
Date Assigned:	06/13/2014	Date of Injury:	01/26/2012
Decision Date:	07/21/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/05/2014

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 has filed a claim for chronic wrist and hand pain reportedly associated with an industrial injury of January 26, 2012. Thus far, the applicant has been treated with the following: analgesic medications, earlier surgical repair of several deranged tendons; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work. In a Utilization Review report dated January 21, 2014, the claims administrator denied a request for pulmonary and respiratory diagnostic testing to include a sleep study. A variety of non-MTUS Guidelines were cited, including guidelines from the Merck manual and Official Disability Guidelines (ODG). The applicant's attorney subsequently appealed. In a progress note dated November 26, 2013, sparse, the applicant was asked to undergo cardiorespiratory diagnostic testing to apparently include a sleep study. The applicant was asked to remain off of work, on total temporary disability, in the interim. The applicant was described as having 7/10 hand and wrist pain. In a subsequent note of January 14, 2014, the applicant was again described as having ongoing issues with hand and wrist pain. It was stated that the applicant was considering further surgery. The applicant was again placed off of work, on total temporary disability. In an applicant questionnaire of October 28, 2013, the applicant acknowledged that he had a variety of pain complaints which were interfering with activities of daily living. The applicant further stated that his mood was altered and that he had become more irritable, anxious, and worried.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN AUTONOMIC FUNCTIONING ASSESSMENT AND PULMONARY AND RESPIRATORY DIAGNOSTIC TESTING INCLUDING A SLEEP DISORDER BREATHING STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults, and Schutte-Rodin S., Broch L., Buysse D.,; Dorsey C., Sateia M. (2008) Clinical guideline for the evaluation and management of chronic in- somnia in adults. Journal of Clinical Sleep Medicine. 4(5):487-504.

Decision rationale: The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), sleep studies are recommended when there is reasonable suspicion of a breathing or movement disorder, such as sleep apnea. Polysomnography is not, however, indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. In this case, the applicant's sleep disturbance issues have not been clearly described, detailed, or expounded upon. It is further noted that AASM does not recommend polysomnography in applicants with superimposed mental health issues. In this case, the applicant does have issues with both chronic pain and depression, making a bonafide sleep disorder unlikely. The pulmonary and/or respiratory testing which includes a sleep disorder study/breathing study would not be of any benefit in establishing the presence of mental health induced insomnia and/or chronic pain induced insomnia. Therefore, the request is not medically necessary.