

<b>Case Number:</b>	CM14-0033932		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/15/2005
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Illinois. 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 34 year-old male with a reported injury on 09/15/2005. The mechanism of injury was not provided within the clinical notes. The clinical note dated 05/15/2014 reported that the injured worker complained of low back and bilateral knee pain. The physical examination of the injured worker's lumbar spine revealed a healed surgical incision. It was reported the lumbar spine had spasms, tenderness, and limited range of motion due to pain. The injured worker had a positive straight leg raise bilaterally at 60 degrees. The injured worker's diagnoses included lumbar discogenic disease, lumbar radiculitis, status post lumbar fusion, symptomatic hardware lumbar spine, bilateral knee sprain/strain, status post right knee surgery, bilateral knee internal derangement, history of inguinal hernia, and major depressive disorder. The injured worker's prescribed medication list included Norco, Flexeril, Prilosec, and Levitra. The provider requested a sleep study due to insomnia and lumbar epidural steroid injections due to the injured worker's lumbar radicular pain to the legs. The request for authorization was submitted on 03/18/2014. The injured worker's prior treatments include aquatic therapy, psychiatric, and psychological sessions in regard to the injured worker's insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR 1 SLEEP 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), Pain (acute and chronic), 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, Polysomnography.

**Decision rationale:** The Guidelines do not recommend Polysomnography for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. It is noted that the injured worker has been suffering from insomnia since 2006. It is also noted that the injured worker has been treated by a psychiatrist and psychologist who have ruled out psychiatric etiology for the injured worker's insomnia. It is reported that the injured worker has tried Ambien, Lunesta, and Sonata; however, the efficacy of the Ambien, Lunesta, and Sonata as evidenced by decreased insomnia and increased sleep hygiene was not provided within the clinical notes. Moreover, there is a lack of clinical information indicating that the injured worker's insomnia was unresolved with Ambien, Lunesta, and Sonata. There is a lack of clinical information indicating that the injured worker's insomnia was unresponsive to behavioral intervention. As such, the prospective request for 1 sleep study is non-certified.

**PROSPECTIVE REQUEST FOR 1 LEFT SIDE LESI AT L5-S1 AND L3-4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. There is a lack of clinical documentation indicating physical examination findings of radiculopathy with corroborated evidence on imaging. There is a lack of clinical information indicating the injured worker's pain was unresolved with physical therapy, home exercises, and/or NSAIDs. Furthermore, the Guidelines recommend this procedure to be done under fluoroscopy and the request does not contain these recommendations. As such, the prospective request for 1 left side LESI at L5-S1 and L3-4 is non-certified.