

Case Number:	CM14-0051114		
Date Assigned:	07/07/2014	Date of Injury:	10/06/2010
Decision Date:	08/19/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/18/2014

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 Family 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 patient is a 40 year-old woman who was injured at work on 10/6/2010. The injury was primarily to her left wrist/arm and low back. She is requesting review of a denial for a sleep study. Medical records corroborate ongoing care for her work-related injuries. Her diagnoses include the following: Cervical Sprain/Strain; Cervical Multiple Disc Herniations; Cervical Neuritis of the Bilateral Upper Extremities; Cervical Radiculitis/Radiculopathy of the Bilateral Upper Extremities; Limited Range of Motion of the Right Shoulder; Left Shoulder Internal Derangement; Left Shoulder Impingement with Rotator Cuff Tear; and Complex Regional Pain Syndrome. She has been treated with a number of different analgesics, acupuncture, stellate ganglion blocks, and referral to a pain management specialist. There is no entry in the record specific to the evaluation for the problem of insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

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), Treatment Index, 11th Edition (web), 2013, Pain, Polysomnography. Criteria for Polysomnography.

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

Decision rationale: The Official Disability Guidelines comment on the problem of insomnia and the use of sleep studies in patients with Chronic Pain. Regarding insomnia, the guidelines provide the following definition: Difficulty in sleep initiation or maintenance, and/or early awakening. Also characterized by impairment in daily function due to sleep insufficiency. These impairments include fatigue, irritability, decreased memory, decreased concentration, and malaise. Classifications: (1) Based on symptoms: Categories of symptoms include sleep onset, sleep maintenance, non-restorative sleep. These symptoms have been found to change over time. (2) Based on duration: (a) Acute insomnia (transient insomnia): Usually the result of specific environmental or social events. Generally treated by addressing the episode directly (death of a family member, working on a different shift, travel), or prophylactically. (b) Chronic insomnia: Generally defined as lasting more than one month. This condition may be correlated with other intrinsic sleep disorders, primary insomnia, or chronic medical conditions. Chronic insomnia is more likely to occur in the elderly, depressed patients, and medically ill populations. (3) Based on etiology: (a) Primary insomnia: No known physical or mental condition is noted as an etiology. This condition is generally consistent and responsive to treatment. (b) Secondary insomnia (comorbid insomnia): insomnia that is secondary to other medical and psychiatric illnesses, medications, or sleep disorders. Examples include chronic pain, gastroesophageal reflux disease (GERD), heart failure, end-stage renal disease, diabetes, neurologic problems, psychiatric disorders, and certain medications. Diabetic patients appear to suffer insomnia due to alterations of circadian rhythm. They may also suffer from sleep disorders related to obesity. Psychiatric disorders associated with insomnia include depression, anxiety and alcoholism. (Reeder, 2007) (Benca, 2005) The available records provide insufficient detail for the description of this patient's sleep disorder. Regarding the use of a sleep study, the guidelines provide the following recommendations: A sleep study is 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. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. It is administered by a sleep specialist, a physician who is Board eligible or certified by the American Board of Sleep Medicine, or a pulmonologist or neurologist whose practice comprises at least 25% of sleep medicine. (Schneider-Helmert, 2003) According to page 3-17 of the AMA Guides (5th ed), sleep disorder claims must be supported by formal studies in a sleep laboratory. (Andersson, 2000) In summary, there is insufficient documentation in support of the need for a sleep study in this patient. The nature of the patient's sleep disturbance is not defined. It is also unclear whether there has been an effort towards a behavior intervention, the use of a sleep-promoting medication, and that a psychiatric etiology has been excluded. For these reasons, the sleep study is not considered as medically necessary.