

<b>Case Number:</b>	CM14-0052517		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	04/08/2009
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 34-year-old male who was injured on April 8, 2009. The patient continued to experience low back pain and interrupted sleep secondary to pain. His average sleep cycle was 5 hours per night. Physical examination was notable for antalgic gait, tenderness to palpation of the lumbar spine, diminished sensation to right L4, L5, and S1 dermatomes, normal motor strength, and positive straight leg raise bilaterally. Diagnoses included herniated nucleus pulposus lumbar spine with mild to moderate spinal stenosis, facet arthropathy of the lumbar spine, and status post lumbar interbody fusion. Treatment included medications and surgery. Request for authorization for specialist to evaluate sleep impairment was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Specialist to evaluate sleep impairment:** Upheld

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

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

**Decision rationale:** Insomnia is defined as Difficulty in sleep initiation or maintenance, and/or early awakening. It is also characterized by impairment in daily function due to sleep insufficiency. These impairments include fatigue, irritability, decreased memory, decreased concentration, and malaise. Classification may be based on symptoms, duration, or etiology. Secondary insomnia is insomnia that is secondary to other medical and psychiatric illnesses, medications, or sleep disorders. Examples include chronic pain, gastro-esophageal reflux disease (GERD), heart failure, end-stage renal disease, diabetes, neurologic problems, psychiatric disorders, and certain medications. Treatment should be based on etiology. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. In this case there is no documentation regarding impairment in daily function due to decreased sleep. In addition patient's sleep impairment is secondary to pain. Treatment of insomnia should be based on etiology. In this case, that would be resolution of pain. Medical documentation does not support the necessity for specialist referral for sleep impairment. The request is determined not medically necessary.