

Case Number:	CM14-0083821		
Date Assigned:	07/21/2014	Date of Injury:	03/29/2012
Decision Date:	09/17/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/05/2014

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 claimant was injured on 03/29/12 due to cumulative trauma. A sleep study is under review. He reports pain in his wrists, shoulders, and back and has accepted body parts of cervical spine, shoulders, and upper extremities. EMG of the bilateral upper extremities revealed bilateral carpal tunnel syndrome. He had abnormalities of his pulmonary function studies with improvement with albuterol. EKG showed sinus bradycardia and pulse oximetry was 96%. Stress test was submaximal with no chest pain or EKG changes. He saw Dr. [REDACTED] on 04/03/14 and indicated the quality of his sleep was very poor. He reported sleep disturbance that began a few months after his injury and was getting worse since the cervical fusion on 02/19/13. He had pain all day. He had fragmented sleep coupled with an inability to reach a deep state of rest. He also felt depressed stressed and anxious. He is status post cervical spine laminectomy. The claimant reported being depressed and sad at times. He could not remember what medications he was taking. He was cleared to have his surgery. On 05/06/14, Dr. [REDACTED] stated that he was one month status post right carpal tunnel syndrome. A sleep study was requested on 05/19/14. Left side carpal tunnel release surgery was being planned per Dr. [REDACTED]. At other providers' visits, insomnia was not discussed. He did mention trouble sleeping when he had the QME on 12/17/13. No evaluation or treatment was recommended at that time.

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 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 chapter/Polysomnography.

Decision rationale: The history and documentation do not objectively support the request for a sleep study at this time. The ODG state polysomnography may be "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. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Home portable monitor testing may be an option. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation....

Polysomnography is indicated when a sleep-related breathing disorder or periodic limb movement disorder is suspected, initial diagnosis is uncertain, treatment fails, or precipitous arousals occur with violent or injurious behavior. However, polysomnography is not indicated for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. (Littner, 2003) Criteria for Polysomnography: Polysomnograms/sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded."In this case, the above criteria have not been met. There is no evidence that a reasonable history of sleep complaints has been recorded or descriptions of failed trials of simple sleep hygiene techniques. There is no indication that the claimant's psychological complaints have been addressed and emotional issues have been ruled out as a cause of insomnia. There is no history of excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change or sleep-related breathing disorder or periodic limb movement disorder. The medical necessity of this request for a sleep study under these circumstances has not been clearly demonstrated.