

Case Number:	CM14-0097136		
Date Assigned:	09/16/2014	Date of Injury:	02/08/2000
Decision Date:	10/17/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/25/2014

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 is a represented [REDACTED] employee, who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of February 8, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and reported return to work in a self-employed capacity. In Utilization Review Report dated May 30, 2014, the claims administrator denied a request for sleep study, invoking non-MTUS ODG Guidelines. In a progress note dated May 6, 2014, the applicant reported persistent complaints of low back pain, 4-5/10. The applicant continued to report "complaints of worsening sleep difficulty secondary to pain." The applicant was asked to continue working in a self-employed capacity. Naprosyn was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study (Polysomnography): Upheld

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

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 Guidelines for Evaluation and Management of Chronic Insomnia in Adults.

Decision rationale: The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), polysomnography is indicated when there is reasonable clinical suspicion of a breathing disorder, such as sleep apnea or movement disorder. Polysomnography is not, however, indicated in the routine evaluation of chronic insomnia, including insomnia associated with psychiatric or neuropsychiatric disorders. In this case, the attending provider has himself acknowledged that the applicant's sleep disturbance is, in fact, a function of pain. A sleep study would be no benefit in the presence of pain-induced sleep disturbance. There was no evidence or description of any issues with suspected sleep apnea or movement disorder evident here. Therefore, the request is not medically necessary.