

Case Number:	CM13-0066060		
Date Assigned:	04/02/2014	Date of Injury:	04/17/2012
Decision Date:	04/13/2015	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/16/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old male sustained a work related injury on 04/17/2012. According to a progress report dated 07/08/2014, the injured worker complained of chronic pain in his cervical and lumbar spine. Pain level was rated 8 on a scale of 1-10 without medications. He was status post a series of epidural injections. He latest one was conducted two weeks prior to this office visit. He did not report a significant amount of improvement. Impression was noted as lumbosacral radiculopathy and cervical radiculopathy. The provider noted that Amitriptyline was addressing the injured worker's insomnia and depression. According to an Agreed Medical Evaluation dated 10/28/2014, the injured worker reported a great deal of difficulty sleeping. He awakened four or five times each night due to musculoskeletal pain in his back or neck or on his left side. His medication regimen included Alprazolam for anxiety or hypnosis. He sometimes took additional hypnotic medications during the night. He had been advised that he snored but had no reports of apnea while he slept. He also reported sleep walking. The provider noted that the injured worker's past medical history included sleep disorder and anxiety/depression. There were no other progress reports submitted for review that addressed a sleep disorder. A Psychological evaluation was recently requested and approved. Results are pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Specialist Consult: 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 (Chronic), Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain; Insomnia Treatment and Polysomnography.

Decision rationale: MTUS Guidelines do not address the issue of insomnia. ODG Guidelines address this issue in detail. ODG Guidelines do not recommend specialized testing for a sleep disorder unless there is a persistent frequent sleep problems that has not been responsive to pharmacological intervention and a psychological disorder has been ruled out as the primary cause. These conditions have not been met as the sleep problems are reported to have been at least somewhat successfully treated with medications and a psychological evaluation is pending. It is very common for medications utilized for psychological disturbances to have beneficial effects on sleep. Under these circumstances and pending the psychological evaluation and recommendations, the request for a sleep specialist consult is not supported by Guidelines and is not medically necessary.