

Case Number:	CM14-0176733		
Date Assigned:	10/30/2014	Date of Injury:	02/08/2013
Decision Date:	05/20/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/24/2014

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. 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: Texas, New York, 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of February 8, 2013. In a Utilization Review report dated September 30, 2014, the claims administrator failed to approve a request for a sleep study. A May 12, 2015 progress note and associated RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On August 20, 2014, the applicant reported ongoing complaints of knee pain status post earlier knee arthroscopy. Additional physical therapy was proposed. The applicant's work status was not furnished. On May 21, 2014, the applicant reported ongoing complaints of knee pain. The applicant was asked to continue unspecified medications and topical compounded creams. The applicant had undergone a previous sleep study on November 30, 2013, the results of which were not clearly reported which was suggestive of a "moderate pathological sleep breathing disorder." The attending provider stated that he was planning to perform further testing to obtain a definitive diagnosis. The report was very difficult to follow. The attending provider stated that he intended for the applicant to undergo a sleep disordered breathing study for two nights before he could make a definitive diagnosis here. The applicant did report psychiatric issues with psychological stress; it was reported in the subjective section of the November 11, 2013 sleep study. The attending provider administered an Epworth Sleepiness Scale questionnaire on November 11, 2013 and noted that the applicant scored 8/24.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro sleep disordered breathing respiratory diagnostic study and report: 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), Pain Chapter, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation: 1. Reference: Johns MW. A new method for measuring daytime sleepiness: The Epworth Sleepiness Scale, *Sleep* 1991; 14(6): 540-5. Interpretation: 0-7: It is unlikely that you are abnormally sleepy. 8-9: You have an average amount of daytime sleepiness. 10-15: You may be excessively sleepy depending on the situation. You may want to consider seeking medical attention. 16-24: You are excessively sleepy and should consider seeking medical attention. 2. Citation: Schutte-Rodin S; Broch L; Buysse D; Dorsey C; Sateia M. Clinical guideline for the evaluation and management of chronic insomnia in adults. *J Clin Sleep Med* 2008; 4(5):487-504. Polysomnography and daytime multiple sleep latency testing (MSLT) are not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders.

Decision rationale: No, the retrospective request for a sleep disordered breathing diagnostic study and report was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the American Academy of Sleep Medicine (AASM) notes that polysomnography and sleep studies are "not indicated" in the routine evaluation of insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. Here, the applicant did have issues with psychological stress present just prior to the November 11, 2013 sleep study, the results of which, it is incidentally noted, were not clearly reported. The attending provider did not, furthermore, furnish much in the way of a clinical history. It was not stated why the sleep study in question was being performed as a sleep study, per AASM, would have been of no benefit in establishing the presence or absence of psychological stress-induced insomnia, as was seemingly present here. It is further noted that the applicant's score of 8/24 on the Epworth Scale represents an "average amount" of daytime sleepiness. It did not appear, for all of the stated reasons, that the applicant's presentation was in fact suggestive of sleep apnea. Finally, the results of the sleep study were not clearly reported. No conclusion was drawn from the study. Therefore, the request was not medically necessary.