

Case Number:	CM14-0187806		
Date Assigned:	11/18/2014	Date of Injury:	06/19/2009
Decision Date:	01/06/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/11/2014

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 Internal 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 injured worker (IW) is a 60-year-old man with a date of injury of November 5, 2014. The mechanism of injury occurred as a result of lifting a metal ramp. Consequently, he developed a sharp pain in his left groin. Pursuant to the Primary Treating Physician's Progress Report dated February 11, 2014, and the Request for Authorization for Medical Treatment dated October 23, 2014, the IW reported difficulty sleeping as a result of his medical problems. The IW was working and would retire at about 8:00pm. The IW would awaken at 1AM in order to arrive at the yard on time. After working all day the IW would nap for 2 hours (in the afternoon). The IW retired for the night at approximately 10:00pm. The IW had difficulty falling asleep due to rumination and would usually require about an hour to fall asleep. On examination, Epworth sleepiness scale revealed a score of 8. According to a Supplemental Report-Request for Authorization dated October 21, 2014, the IW was seen for monitoring of aggravation of blood pressure, diabetes, gastrointestinal issues, sleep disorder, and erectile dysfunction. The IW had full range of motion in his shoulders with pain at extreme of flexion and extension with bilateral shoulder tenderness. The IW was diagnosed with cervical spondylosis; lumbar spondylosis; bilateral rotator cuff tears, improved; reports of bilateral knee diffuse meniscal injuries and tearing; status post left inguinal hernia repair; and bilateral carpal tunnel syndrome, right greater than left; aggravation of diabetes with steroid exposure; aggravation of hypertension; coronary artery disease; and reported sleep disturbance with frequent arousals and somnolence. Current medications include Metformin, Vasotec, Inokana, Tramadol, Pepto-Bismol, and topical Ketoprofen-Cyclobenzaprine. The IW was not taking any medications to treat insomnia. The provider is recommending a sleep study.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Polysomnography

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

Decision rationale: Pursuant to the Official Disability Guidelines, the sleep study is not medically necessary. Polysomnography is recommended after at least six months of insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep promoting medicines, and after a psychiatric etiology has been excluded. Criteria for Polysomnography are numerated in the ODG. They include, but are not limited to, excessive daytime somnolence; morning headache; intellectual deterioration, etc. In this case, the injured worker's working diagnoses are cervical spondylosis, lumbar spondylosis, bilateral shoulder derangement, bilateral knee meniscal injuries and tearing, mild gastroesophageal reflux disease, aggravation of hypertension, aggravation of diabetes with steroid exposure, symptoms of bilateral carpal tunnel syndrome, reports of erectile dysfunction, and reports of sleep disturbance with frequent arousals and somnolence. The injured worker has report reported sleep disturbance with frequent arousals and somnolence. Although there is documentation of insomnia in the list of working diagnoses, there is no documentary evidence of insomnia complaints greater than six months; interference with sleep for at least four nights per week; no documentation of unresponsiveness to sleep medications; and a psychiatric diagnosis has not been excluded. Consequently, absent the appropriate clinical criteria, Polysomnography (Sleep Study) is not medically necessary.