

Case Number:	CM14-0197604		
Date Assigned:	12/05/2014	Date of Injury:	05/29/2012
Decision Date:	01/23/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/25/2014

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 pain reportedly associated with an industrial injury of May 29, 2012. In a Utilization Review Report dated October 30, 2014, the claims administrator failed to approve a request for a polysomnogram while apparently issuing approval for a CT myelogram, Botox injection, Fioricet, Zanaflex, and Zolpidem. The claims administrator stated its decision was based on a progress note dated September 17, 2014. The claims administrator stated that the applicant had had a previously negative polysomnogram but did not identify when this previously negative polysomnogram had been obtained. The applicant's attorney subsequently appealed. In a September 17, 2014 progress note, the applicant was placed off of work, on total temporary disability. Epidural steroid injection therapy was sought. The applicant was status post earlier cervical fusion surgery and earlier cervical artificial disk replacement surgery. The applicant had ancillary complaints of bruxism, insomnia, depression, dysphasia, anxiety, and lightheadedness, it was acknowledged. Multiple medications were refilled including Botox, Fioricet, and Zanaflex. The applicant was kept off of work. Psychotherapy, an oral and maxillofacial surgery consultation, and neurosurgery consultation were sought. The applicant was asked to obtain an ENT consultation for reported dysphagia and dysarthria. Ambien was endorsed for sleep purposes, as was the polysomnogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnogram: 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 American Academy of Sleep Medicine (AASM), Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults

Decision rationale: The MTUS does not address the topic. However, the American Academy of Sleep Medicine (AASM) notes that polysomnography is not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. In this case, the applicant was described as having a variety of symptoms associated with anxiety and depression-induced insomnia on the September 17, 2014 office visit on which the polysomnogram was endorsed. Sleep study would be of no benefit in establishing the presence or absence of depression-induced or pain-induced insomnia, as appears to be present here. Therefore, the request is not medically necessary.