

Case Number:	CM14-0204776		
Date Assigned:	12/17/2014	Date of Injury:	06/21/2006
Decision Date:	02/10/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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 Physical Medicine Rehab, has a subspecialty in Pain 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:

This is a patient with the date of injury of June 21, 2006. A utilization review determination dated November 24, 2014 recommends noncertification of a sleep study. A progress report dated October 16, 2014 identifies subjective complaints of low back pain and ongoing problems with sleep despite changing pain medication. The patient states that she is only getting an hour and a half to a maximum of 2 hours per day. The recent prescription of Valium did not help. Different sleep aids have been tried which caused her to sleepwalk including Ambien, Lunesta, and Cymbalta. Objective examination findings revealed tenderness along the lumbar spine with normal strength in the lower extremities. Diagnoses include status post L4-5 discectomy and laminotomy, chronic low back pain, and right quadrant lumborum strain. The treatment plan recommends a prescription of Valium at night, request authorization for a formal sleep study or sleep evaluation or consult. The notes states "I do not understand this issue with sleep, but I do feel it is more of some psychological component that needs to be addressed. I am not equipped to handle this type of issue." The note recommends weaning the patient's opiate pain medication and continue with a home exercise program.

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 American Academy of Neurology

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

Decision rationale: Regarding the request for one sleep consult/study, California MTUS guidelines are silent. ODG states Polysomnograms/sleep studies are recommended for the combination of indications listed below: Excessive daytime somnolence, Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy), Morning headache (other causes have been ruled out), Intellectual deterioration (sudden, without suspicion of organic dementia), Personality change (not secondary to medication, cerebral mass or known psychiatric problems), Sleep-related breathing disorder or periodic limb movement disorder is suspected, Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. Within the documentation available for review, there are complaints of insomnia that have been unresponsive to numerous medications. It may be inferred that the complaints have been going on for at least 6 months, although this is not explicitly stated. There is no documentation that the patient has been unresponsive to behavior intervention or that psychiatric etiology has been excluded. It appears that a sleep medicine consultation or psychiatric consultation may be reasonable to assist with this patient's insomnia complaints. Unfortunately, however, the patient has not met the criteria for a sleep study at the current time, and there is no provision to modify the current request to a sleep consultation or psychiatric consultation. As such, the currently requested sleep study is not medically necessary.