

Case Number:	CM14-0206830		
Date Assigned:	12/18/2014	Date of Injury:	03/31/2006
Decision Date:	02/13/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehabilitation 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 patient is a 46 year old female with date of injury 3/31/06. The treating physician report dated 11/18/14 (6) indicates that the patient presents with pain affecting her head, chest, shoulders, neck, upper and lower back. She also complains of difficulty falling asleep due to pain. The patient states that she is constantly tired and only sleeps about four to six hours during the night. The physical examination findings reveal a left antalgic gait. She has nonspecific tenderness in both shoulders. The patient has moderate paraspinal tenderness bilaterally with palpation. She experiences pain on both sides with emphasis to the left hip and buttock regarding Valsalva, Kemp's test/facet, Yeoman's test and iliac compression. Prior treatment history includes chiropractic care, acupuncture, medications, MRI and micro-laminectomy at L5-S1. MRI findings reveal that the patient is status post micro-laminectomy at L5-S1. She has recurrent disc seen at L5-S1. L4-5 reveals disc desiccation and L3-4 reveals disc protrusion, central and foraminal with stenosis. The current diagnoses are:

1.Headache2.Cervical/thoracic/lumbar sprain3.Myalgia and myositis, unspecified4.Lumbar disc herniations and radiculopathy5.Sprain of unspecified site of shoulder and upper arm/disorders of bursae and tendons in shoulder region, unspecified6. Spasm of muscle7.Anxiety state, unspecified8.Unspecified sleep disorder9.Lumbosacral plexus lesionsThe utilization review report dated 12/03/14 denied the request for a sleep study based on a sleep study not being recommended for routine evaluation of transient insomnia, chronic insomnia or insomnia associated with psychiatric disorders.

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 AMA Guides (5th ED) pages 3-17

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Sleep Study, Chronic pain chapter.

Decision rationale: The patient presents with head, chest, shoulders, neck, upper and lower back pain as well as complains of difficulty falling asleep due to pain. The current request is for a sleep study. The treating physician states that the patient is constantly tired and only sleeps about four to six hours during the night. The Official Disability Guidelines (ODG) state that polysomnography is "recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders." In this case, the treating physician states that the patient reports the poor sleep patterns are due to chronic pain and stress. She is prescribed Ambien 10 mg one tablet once per day for sleep and she finds it helpful. The guidelines do not support polysomnography for transient or chronic insomnia, or insomnia associated with psychiatric disorders as is the case with this patient. Therefore, this request is not medically necessary.