

Case Number:	CM15-0103692		
Date Assigned:	06/08/2015	Date of Injury:	02/15/2013
Decision Date:	07/13/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/29/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 49 year old woman sustained an industrial injury on 2/15/2013. The mechanism of injury is not detailed. Diagnoses include cervical spine strain/sprain; lumbar spine strain/sprain; bilateral shoulder sprain/strain; myospasms; right knee internal derangement; headaches; right knee anterior cruciate ligament tear; baker's cyst; medial meniscus tear; lumbar spine protrusions; right shoulder acromioclavicular arthritis; supraspinatus, infraspinatus, and subscapularis tendinitis; subacromial subdeltoid bursitis; subchondral cyst in the humeral head; left shoulder supraspinatus tendinitis/infraspinatus tendonitis; acromioclavicular osteoarthritis; cervical spine multiple layer disc protrusions; maxillary sinus chronic changes; gastritis; depression; anxiety; and insomnia. Treatment has included oral medications and aquatic therapy. Physician notes dated 4/20/2015 show complaints of worsening upper back pain rated 8-9/10 with radiation to the bilateral shoulders and intermittent numbness and tingling to the bilateral hands, left hand pain rated 8-9/10 with radiation through the left arm with numbness and tingling, low back pain rated 8-9/10 with radiation down the right leg and in the right groin, right knee pain rated 8-9/10, persistent temporal headaches and headaches in the back of the head that radiate to the neck, anxiety, depression, and insomnia. Recommendations include aquatic therapy, orthopedic consultation, internal medicine consultation, sleep study, and follow up in six to eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study consultation: 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, 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/Sleep Study/Polysomnography.

Decision rationale: According to the ODG, polysomnography which the ODG refers to under sleep studies states: "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." The 11/10/14 visit note states "she has less anxiety, depression, and insomnia" The 1/13/15 visit note states denies anxiety, depression, or insomnia at this time. The 3/27/15 visit note states "denies anxiety, depression, or insomnia at this time." The 4/27/15 visit note states she "denies anxiety, depression, or insomnia at this time". Later in same note states, "she is able to sleep better at night. However, she does still state that she has insomnia." Sleep study was ordered for persistent insomnia. In summary, there was complaint of insomnia in November but it was improving. She denied insomnia January through March and gave conflicting statements regarding insomnia at the visit in April. It is clear from the record that this worker has not had persistent insomnia although may have transient insomnia in which case a sleep study is not necessary.