MAXIMUS Federal Services

Case Number:	CM15-0138357		
Date Assigned:	07/28/2015	Date of Injury:	04/07/2012
Decision Date:	08/28/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 7, 2012. In a utilization review report dated June 22, 2015, the claims administrator failed to approve a request for a sleep study. The claims administrator referenced an RFA form dated June 11, 2015 in its determination, along with an associated office visit of June 8, 2015. The applicant's attorney subsequently appealed. On June 12, 2015, the applicant underwent multilevel lumbar medial branch blocks. In a work status report dated June 16, 2015, the applicant was placed off of work, on total temporary disability. In an associated RFA form on the same date, tramadol, Voltaren, and the sleep study issue were endorsed. In an associated progress note of June 16, 2015, handwritten, difficult to follow, and not entirely legible, the applicant reported multifocal complaints of shoulder, elbow, wrist, and low back pain. The applicant was placed off of work, on total temporary disability. Large portions of the progress note were difficult to follow and not altogether legible. The applicant did report issues with stress, anxiety, and difficulty sleeping, it was reported in the review of systems section of the note. Multiple medications were renewed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study body part; right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Polysomnography (PSG) and Other Medical Treatment Guidelines Citation: Schutte-Rodin S; Broch L; Buysse D; Dorsey C; Sateia M. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med 2008; 4(5): 87- 504. Polysomnography and daytime multiple sleep latency testing (MSLT) are not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders.

Decision rationale: No, the request for a sleep study (a.k.a. a polysomnogram) was not medically necessary, medically appropriate, or indicated here. 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 insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. Here, the applicant was described as having issues with stress, anxiety, and related difficulty with sleeping, it was reported in the review of systems section of the progress note dated June 16, 2015. ODG's Mental Illness and Stress Chapter, Polysomnography Topic, which also references the AASM position, "advises against" polysomnography in applicants with chronic insomnia unless symptoms suggest a comorbid sleep disorder. Here, however, the applicant was in fact described as having issues with psychological stress-induced insomnia and chronic pain-induced insomnia on the June 16, 2015 progress note at issue. A sleep study would have been of little to no benefit in establishing the presence or absence of chronic pain-induced insomnia or anxiety-induced insomnia, both of which were seemingly present here. Therefore, the request was not medically necessary.