

Case Number:	CM15-0138439		
Date Assigned:	07/28/2015	Date of Injury:	11/04/2009
Decision Date:	08/27/2015	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 [REDACTED], beneficiary who has filed a claim for chronic low back, wrist, and shoulder pain with derivative complaints of psychological stress, depression, anxiety, and insomnia reportedly associated with an industrial injury of November 4, 2009. In a utilization review report dated June 22, 2015, the claims administrator failed to approve requests for a polysomnogram and a CPAP device. An RFA form of June 9, 2015 with associated progress note on March 12, 2015 were referenced in the determination. On May 14, 2015, the applicant reported ongoing complaints of neck, shoulder, elbow, mid back, low back, knee, hip, ankle, and foot pain, often as high as 7-8/10. The applicant reported issues with anxiety, depression, psychological stress, and insomnia reportedly associated with his chronic pain complaints. The applicant was placed off of work, on total temporary disability, while pain management consultation and a variety of dietary supplements and topical compounds were endorsed. Physical therapy, acupuncture, and manipulative therapy were also sought, as were localized intense neurostimulation therapy, a TENS unit, a lumbar support, and extracorporeal shockwave therapy. Multiple referrals were endorsed. In a pain management note dated March 12, 2015, the applicant was asked to obtain a sleep study for issues of insomnia. Multifocal complaints of low back pain, knee pain, ankle pain, and foot pain were reported. Derivative allegations of psychological stress were reported. The applicant was placed off of work, on total temporary disability. Multiple MRI studies, including those involving the cervical spine, bilateral shoulders, thoracic spine, and lumbar spine were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP: 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 J Clin Sleep Med. 2009 Jun 15; 5(3): 263-276. PMID: PMC2699173.

Decision rationale: No, the request for a CPAP device 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 the presence or absence and severity of obstructive sleep apnea must be determined before initiating treatment. AASM emphasizes that the severity of obstructive sleep apnea must be established in order to make an appropriate treatment decision. Here, the applicant did not, in fact, carry an established diagnosis of obstructive sleep apnea as of the date of the request, March 12, 2015. Rather, it appeared that the applicant's complaints of insomnia were a function of underlying psychopathology and/or associated chronic pain complaints. Therefore, the request was not medically necessary.

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 Official Disability Guidelines (ODG) Mental Illness & Stress, Polysomnography (PSG) and Other Medical Treatment Guidelines.

Decision rationale: Similarly, the request for a polysomnogram was likewise 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. ODG's Mental Illness and Stress Chapter, Polysomnographic Topic, which, it is incidentally noted, based in large part on the AASM position, argues against usage of polysomnography "unless symptoms suggest a comorbid sleep disorder." Here, however, the applicant was described on the March 12, 2015 office visit in question as having issues with insomnia associated with primary complaints of anxiety, depression, and chronic pain. A sleep study or polysomnogram would be of no benefit in establishing the presence or absence of chronic pain-induced insomnia or depression-induced insomnia, per both AASM and ODG. Therefore, the request was not medically necessary.