

<b>Case Number:</b>	CM15-0169124		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	12/24/2009
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 52 year old male, who sustained an industrial injury on 12-24-2009. He reported low back pain from repetitive lifting activity. Diagnoses include chronic back pain, postlaminectomy syndrome lumbar region, lumbar disc displacement, degenerative disc disease, muscle spasm, myalgia-myositis, and disturbance skin sensation. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, acupuncture treatments, and epidural steroid injections. Currently, he complained of back pain with radiation down bilateral lower extremities. On 7-22-15, the physical examination documented no acute physical findings. Current medications listed included Norco and Amrix. The records indicated a recent successful spinal cord stimulator trial and was pending permanent placement. The appeal requested authorization for a referral to sleep specialist for evaluation for sleep study. The Utilization Review dated 8-6-15, denied the request because the documentation submitted for that review did not include objective findings regarding sleep to support medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to sleep specialist for evaluation for sleep study:** Overturned

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-

MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127; and on the Official Disability Guidelines (ODG), Pain Chapter, Polysomnography (sleep study).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work injury in December 2009 and is being treated for chronic low back pain including a diagnosis of post-laminectomy syndrome. A recent spinal cord stimulator trial was successful. He has a remote history of substance abuse. He has a history of anxiety, depression, and insomnia. His BMI is over 31. When seen, he was having trouble staying asleep and was waking up exhausted. Physical examination findings included ambulating with a cane. Amrix was prescribed for muscle spasms. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case the claimant is obese and may have obstructive sleep apnea. The requested sleep evaluation is appropriate and medically necessary.