

Case Number:	CM15-0183455		
Date Assigned:	09/24/2015	Date of Injury:	09/23/2012
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/17/2015

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, California

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:

The injured worker is a 38 year old female, who sustained an industrial injury on 9-23-12. The injured worker is being treated for cervical spine sprain-strain, cervical radiculopathy, bilateral wrist-hand sprain-strain, lumbar spine sprain-strain, lumbago, lumbar radiculopathy, bilateral knee sprain-strain, right knee medial meniscus tear, right knee lateral meniscal tear, bilateral knee (ACL) Anterior Cruciate Ligament, MCL and LCL tear, right knee patellar bursitis, right knee patella chondromalacia, left ankle-foot sprain-strain, left ankle peroneus and brevis tendonitis, left ankle Achilles tenosynovitis, mood disorder, stress and sleep disorder. Treatment to date has included shockwave treatment, oral medications, including Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol and Cyclobenzaprine; topical Ketoprofen cream and compound creams. On 7-30-15, the injured worker complains of burning, radicular neck pain and muscle spasms, described as constant, moderate to severe and rated 5 out of 10 and associated with numbness and tingling of the bilateral upper extremities; burning bilateral wrist and hand pain with muscle spasms, rated 5 out of 10 and accompanied with weakness, numbness, tingling and pain radiating to the hands and fingers, burning radicular low back pain and muscle spasms rated 5 out of 10 and associated with numbness and tingling of the bilateral lower extremities; burning bilateral knee pain and muscle spasms rated 5 out of 10 associated with numbness, tingling and pain radiating to the feet, burning of left ankle and foot pain with muscle spasms rated 5 out of 10 and described as constant, moderate to severe and she complains of feeling anxious, stress, depression and difficulty sleeping due to pain. Physical exam performed on 7-30-15 revealed tenderness to palpation at the suboccipital region as well as over both scalene and trapezius muscles with restricted cervical range of motion; tenderness to palpation

over the carpal bones with restricted range of motion of bilateral wrists; tenderness to palpation at the lumbar paraspinal muscles with restricted range of motion and tenderness to palpation over the medial and lateral joint line with restricted range of motion and tenderness to palpation over the medial and lateral malleolus of left ankle and over the heel with slightly restricted range of motion. The treatment plan included continuation of medications, shockwave therapy and a sleep study. On 10-22-15 a request for a sleep study was non-certified by utilization review. The patient had received an unspecified number of acupuncture and PT visits for this injury. Current medication list includes Ibuprofen. Per the note dated 8/4/15 the patient had complaints of pain in neck and back. Physical examination revealed limited range of motion and positive SLR. A recent detailed psychiatric examination was not specified in the records provided.

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 Official Disability Guidelines (ODG) Pain (updated 7/15/2015) Online Version, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 10/09/15) Polysomnography.

Decision rationale: Request Sleep Study. CA MTUS/ACOEM does not address this request, therefore ODG guidelines used. Per ODG cited below polysomnography/sleep study 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." Criteria for Polysomnography: In-lab polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. The records provided did not specify if the above criteria for polysomnogram were present. A detailed clinical history regarding insomnia was not specified in the records provided. The patient has had history of anxiety, stress and depression. It is unclear if untreated psychiatric etiology, as the cause of the insomnia, has been excluded. The Response to sedative/sleep promoting medications (at night) and behavior intervention were not specified in the records provided. The request for one sleep study is not medically necessary for this patient.