

Case Number:	CM15-0188146		
Date Assigned:	09/30/2015	Date of Injury:	08/15/2014
Decision Date:	11/10/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old male who sustained an industrial injury 08-15-14. A review of the medical records reveals the injured worker is undergoing treatment for work related head trauma causing concussion and post-traumatic headache, probable post-concussion syndrome involving post-traumatic headaches, insomnia, and visual photopsia; and sleep initial and maintenance insomnia secondary to headache pain with associated daytime impairment. Medical records (08-05-15) reveal the injured worker complains of headaches, 'seeing stars', and difficulty sleeping. The headache pain is not rated. The physical exam (08-05-15) reveals no neurological deficits. Prior treatment includes medications. The treating provider reports no diagnostic tests results. The original utilization review (09-23-15) non-certified the request for a polysomnographic sleep recording.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnographic sleep recording: 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 Chapter, 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 Chapter under Polysomnography.

Decision rationale: The patient presents with headaches and eye discomfort. The request is for POLYSOMNOGRAPHIC SLEEP RECORDING. Per 09/17/15 Request For Authorization form, patient's diagnosis include sleep initiation and maintenance insomnia secondary to headache pain w/ associated daytime impairment, probable post-contusion syndrome irritability following the injury involving post-traumatic headaches, insomnia & visual photopsia. Patient's work status is regular duties. Official disability guidelines, Pain Chapter under Polysomnography, lists the following criteria: 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. In progress report dated 08/05/15, the treater states that the patient is having difficulty sleeping because he awakens with headaches, he has difficulty falling asleep and also he awakens repeatedly during the night causing decreased duration of sleep and associated daytime fatigue. Patient's diagnosis, per 09/17/15 RFA include sleep initiation and maintenance insomnia secondary to headache pain w/ associated daytime impairment, probable post-contusion syndrome irritability following the injury involving post-traumatic headaches, insomnia & visual photopsia. In this case, the treater has not ruled out psychogenic causes of insomnia, day time fatigue is not described as excessive, and while the patient awakens with headaches, there is no morning headache from lack of sleep. No other issues such as intellectual deterioration, norco/cataplexy are described to warrant a sleep study. The request IS NOT medically necessary.