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| Case Number: | CM15-0189599 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 06/22/2009 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 08/24/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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: Washington, 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 injured worker is a 37 year old male who sustained an industrial injury on 6-22-2009. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, degenerative disc disease, hypertension, gastritis, and insomnia. Comorbid conditions include obesity (BMI 32.3). Treatment has included facet radiofrequency facet thermocoagulation rhizotomy (RFTC) denervation cold unit, interferential unit, acupuncture, physical therapy and medication. The injured worker has been experiencing insomnia since at least April 2015 and has been treated with Ambien. There were no sleep studies done to identify the cause for the insomnia. The most recent medical record available for review was the Secondary Treating Physician's report, dated 7-21-2014, which noted the injured worker in no acute distress but reported increased lumbar spine pain. The progress note did not include physical examination findings. The request for authorization dated 8-14-2015, requested a follow-up consultation with board certified sleep medicine doctor. The Utilization Review (UR) dated 8-24-2015, non-certified the request for follow-up consultation with board certified sleep medicine doctor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up consultation with board certified sleep medicine doctor: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. J Clin Sleep Med 2008; 4 (5): 487- 504.

Decision rationale: Insomnia is defined by the American Academy of Sleep Medicine (AASM) as the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment. It is the most prevalent sleep disorder in the general population. It requires a full work-up to understand its etiology and to direct therapy. This patient has been referred to a sleep specialist for an evaluation of his sleep difficulties, which have been documented in his records. Decision on when to refer to a specialist is based on the ability of the provider to manage the patient's disease. It relates to the provider's comfort point with the medical situation and the provider's training to deal with that situation. In this case, the provider has a patient with sleeping difficulties, which the provider thinks may be due to the patient's chronic pain. A full evaluation for the etiology of this insomnia, which includes follow up after appropriate testing, has not been completed but is appropriate as per the above noted AASM guideline. Medical necessity for this evaluation has been established.