

Case Number:	CM15-0195562		
Date Assigned:	10/12/2015	Date of Injury:	11/09/2011
Decision Date:	11/19/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/07/2015

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: Emergency 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 45 year old male who sustained an industrial injury on 11-9-11. A review of the medical records indicates he is undergoing treatment for a traumatic brain injury, severe amnesia, and depression. Medical records (3-25-15 to 7-16-15) indicate complaints of headaches, "severe" short term memory loss, insomnia, "increased" depression, and "increased" anxiety. His spouse has complained of his "loud snoring". The physical exam (7-16-15) reveals that the injured worker is alert and oriented to person, place, and time. His speech is "fluent without evidence of dysarthria or aphasia". Mood and affect were noted to be "appropriate" and "both long and short-term memories were grossly within normal limits". Cranial nerve exam reveals all levels of being "normal, full, intact, or symmetrical". The treating provider indicates that the Epworth Sleepiness Scale was completed on 2-11-15 and found to have a score of 16, indicating that a score above 10 is abnormal. A Fatigue Severity Scale was also completed with a score of 43, indicating a score of 36 is abnormal. A polysomnogram was completed on 5-15-15, revealing "severe obstructive sleep apnea". The treating provider on 7-16-15 indicates a recommendation for a polysomnogram study with CPAP titration. The utilization review (9-18-15) denied the request for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat polysomnogram with CPAP (continuous positive airway pressure) titration: 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 - Criteria for 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 (Chronic), Polysomnography.

Decision rationale: The requested Repeat polysomnogram with CPAP (continuous positive airway pressure) titration, is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines (ODG), Pain (Chronic), Polysomnography, noted that this 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. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders" and note the criteria for testing are: "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) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) 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 injured worker has headaches, "severe" short term memory loss, insomnia, "increased" depression, and "increased" anxiety. His spouse has complained of his "loud snoring". The physical exam (7- 16- 15) reveals that the injured worker is alert and oriented to person, place, and time. His speech is "fluent without evidence of dysarthria or aphasia". Mood and affect were noted to be "appropriate" and "both long and short-term memories were grossly within normal limits". Cranial nerve exam reveals all levels of being "normal, full, intact, or symmetrical". The treating provider indicates that the Epworth Sleepiness Scale was completed on 2-11-15 and found to have a score of 16, indicating that a score above 10 is abnormal. A Fatigue Severity Scale was also completed with a score of 43, indicating a score of 36 is abnormal. A polysomnogram was completed on 5-15-15, revealing "severe obstructive sleep apnea". The treating physician has not documented the following details: insomnia complaint of at least six months duration of at least four nights per week, trials of behavior intervention and sleep-promoting medications, exclusion of psychiatric etiology, excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change. The criteria noted above not having been met, Repeat polysomnogram with CPAP (continuous positive airway pressure) titration is not medically necessary.