

Case Number:	CM15-0198375		
Date Assigned:	10/13/2015	Date of Injury:	07/08/2015
Decision Date:	11/25/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/08/2015

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 34-year-old female who sustained an industrial injury on 7-08-2015. The injured worker is being treated for thoracic sprain-strain, cervical sprain, bilateral shoulder impingement, and left knee sprain-strain. Comorbid conditions include obesity (BMI 30.65). Treatment to date has included medications, diagnostics and physical therapy. Per the Primary Treating Physician's Progress Report dated 8-26-2015, the injured worker presented for initial comprehensive physical medicine evaluation. She reported neck pain with radiation to the upper back and rated as 7-8 out of 10. She also reported frequent headaches, which she associated with her neck pain. She reported lower back pain rated as 7-8 out of 10. She described sleep difficulty from pain and was fatigued throughout the day. She also reported bouts of depression, stress and anxiety. Objective findings of the cervical spine included spasm and tenderness to palpation in the cervical paraspinal muscles. Examination of the shoulders revealed tenderness to palpation over the bilateral biceps tendons with restricted ranges of motion and positive impingement signs bilaterally. Work status was temporary total disability for 6 weeks. The plan of care included diagnostics, medications, physical therapy, psychological evaluation and a sleep study. Authorization was requested for a sleep study. On 9-15-2015, Utilization Review non-certified the request for a sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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) / Insomnia; Pain (Chronic) / Polysomnograph and Other Medical Treatment Guidelines 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. When the insomnia is related to pain the Official Disability Guidelines (ODG) defines insomnia as a difficulty in sleep initiation or maintenance, and/or early awakening and characterized by impairment in daily function due to sleep insufficiency. It further defines it as chronic insomnia if it is present for more than one month. It notes that pain relief may require the need to address any underlying sleep problems, as non-restorative sleep is one of the strongest predictors for pain. The ODG seems to contradict itself, however, because it does not recommend a sleep study until the symptoms have been present for at least 6 months. This patient has been complaining of frequent nighttime awakenings for over 4 months. The provider has requested testing to understand if the sleep problem and her associated with daytime symptoms are due to her industrial injury. A full evaluation for the etiology for her chronic insomnia has not been done but is appropriate as per the above AASM guideline and supported, in part, by the ODG guideline. The medical necessity for this evaluation is not medically necessary.