MAXIMUS Federal Services

Case Number:	CM15-0203608		
Date Assigned:	10/20/2015	Date of Injury:	10/22/2009
Decision Date:	12/01/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 52-year-old female who sustained an industrial injury October 22, 2009. Past treatment included radiofrequency with improvement L3, L4, L5, and S1 right July 2010, and left November 2010, right medial branch blocks L3, L4, L5, S1 May 2010, and regular injections of Dilaudid for abdominal pain. Past history included hypertension, gastritis, and Crohn's disease with frequent emergency room visits for abdominal pain. Diagnoses are other intervertebral disc degeneration, lumbosacral region; panniculitis affecting regions of the neck, back and lumbar; spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region. According to an initial consultation dated October 1, 2015, the injured worker presented with complaints of lower back pain, rated 2 out of 10 with medication, and 8 out of 10 without medication. The quality of sleep is noted as fair with medication. Current medication included Ambien, Lidoderm patch, Zofran, Dilaudid suppository, Benadryl, Atenolol, Clonidine, Trazodone, Ativan, and Flexeril. Objective findings included; 5'5" and 250 pounds; lumbar spine; restricted range of motion, on palpation, paravertebral muscles, spasm, tenderness and tight muscle band noted on both sides, lumbar facet loading positive, bilaterally; right knee-mild erythema, range of motion restricted by pain, tenderness to palpation medial and lateral joint line, mild effusion; sensory exam normal; straight leg raise positive bilaterally. Treatment plan included; the injured worker has signed a pain contract and agreed to receive medication from the treating physician only. The physician documented prescribing Ambien CR for sleep disturbance secondary to pain, recommending aqua therapy-physical therapy, and a sleep study for persistent insomnia. At issue, is the request for authorization for a sleep study. A toxicology

report dated October 1, 2015; (report present in the medical record) is inconsistent with prescribed medication. According to utilization review dated October 12, 2015, the request for a Sleep Study per 10-01-2015 order is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study #1: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Polysomnography.

Decision rationale: Pursuant to the Official Disability Guidelines, sleep study #1 is not medically necessary. Polysomnography 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 routine evaluation of transient insomnia, chronic insomnia or insomnia associated with psychiatric disorders. The criteria are enumerated in the Official Disability Guidelines. Polysomnography is recommended for the following combination of indications: excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change; sleep-related breathing disorder; insomnia complaint at least six months (at least four nights a week); unresponsive to behavior intervention and sedative/sleep promoting medications and a psychiatric etiology has been excluded. A sleep study with the sole complaint of snoring is not recommended. In this case, the injured worker's working diagnoses are other intervertebral disc degeneration, lumbosacral region; panniculitis affecting regions of neck and back, lumbar region; spondylosis without myelopathy or radiculopathy and sacrococcygeal region. The date of injury is October 22, 2009. Request for authorization is October 5, 2015 that references an October 1, 2015 progress note. According to an October 1, 2015 progress note, subjective complaints include low back pain 2/10 and fair sleep with medication. Currency medications include Ambien CR for sleep disturbance secondary to pain. There are no additional progress notes in the medical record predating the October 1, 2015 progress note. The start date for Ambien is not specified. The guidelines recommend a sleep study with a history of insomnia for at least six months (at least four nights a week). There is no documentation of an insomnia timeframe. Moreover, the subjective complaints indicate fair sleep with medication. There is no documentation of daytime somnolence, morning headache, intellectual deterioration, personality change, sleep related breathing or exclusion of the psychiatric etiology. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, sleep study #1 is not medically necessary.