

Case Number:	CM15-0214308		
Date Assigned:	11/04/2015	Date of Injury:	04/22/2009
Decision Date:	12/16/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old male, who sustained an industrial injury on 4-22-2009. A review of the medical records indicates that the injured worker is undergoing treatment for status post extensive laceration of left thumb, left radial and medial motor neuropathy, neuropathic pain and decreased sensation, left shoulder impingement, cervical spine sprain-strain, mild obstructive sleep apnea (OSA), bilateral sensorineural hearing loss and moderate tinnitus, posttraumatic headaches with nausea and vertigo, depressive disorder, and posttraumatic stress disorder. On 7-22-2015, the injured worker reported right ear tinnitus, headaches, pain in the back of the neck traveling to the left shoulder, pain in the left hand and fingers traveling into the left shoulder and head with associated numbness, tingling, and weakness, depression, trouble sleeping with wife noting snoring, dizziness with vomiting, and blurry vision. The Primary Treating Physician's Comprehensive Neurological Evaluation report from the date of service of 7-22-2015, noted that before the injured worker's work injury he was not suffering from sleep issues and that absent his injury and he would most likely not be experiencing difficulty sleeping. Prior treatments and evaluations have included a normal polysomnogram in 2012, a 7-11-2014 polysomnogram with the injured worker only acquiring 71 minutes of sleep, a 7-12-2014 multiple sleep latency test (MSLT) noting insufficient sleep, a 10-18-2014 polysomnogram study which determined mild obstructive sleep apnea (OSA), a 10-19-2014 MSLT found slight hypersomnolence consistent with mild OSA, psychiatric treatment, and medications including Tramadol, Remeron, Prazosin, Cymbalta, Abilify, and Neurontin. The treatment plan was noted to include a repeat polysomnogram with CPAP titration and an evaluation for an orthodontic sleep appliance. The

injured worker's work status was noted to be permanent and stationary. The request for authorization was noted to have requested an orthodontic consultation visit for sleep appliance and a repeat polysomnogram with continuous positive airway pressure (CPAP) titration. The Utilization Review (UR) dated 10-26-2015, certified the request for an orthodontic consultation visit for sleep appliance and non-certified the request for a repeat polysomnogram with continuous positive airway pressure (CPAP) titration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat polysomnogram with continuous positive airway pressure (CPAP) 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 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) Mental Illness & Stress, Insomnia treatment and Other Medical Treatment Guidelines Kushida CA; Littner MR; Hirshkowitz M et al. Practice parameters for the use of continuous and bilevel positive airway pressure devices to treat adult patients with sleep-related breathing disorders. SLEEP 2006; 29 (3):375-380.

Decision rationale: The claimant sustained a work injury in April 2009 when he injured his left thumb while working as a Carpenter / Machine Operator. He has neck pain, headaches, and sleep disturbance with secondary psychological sequela. Sleep studies in July 2014 and October 2014 showed findings of mild obstructive sleep apnea with slight hyper somnolence. When seen in July 2015 he was having difficulty sleeping due to thumb pain. His wife reported that he was snoring. Physical examination findings were not recorded. Authorization for a repeat sleep study with CPAP titration was requested. The treatment of insomnia should be based on the etiology. In this case, the claimant reports difficulty sleeping due to thumb pain. Further treatment for the claimant's pain would be the expected management. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, and cardiac and pulmonary conditions, if present, should also be identified and could be treated directly. He has already had two sleep studies showing findings of mild obstructive sleep apnea but does not appear to be using CPAP. A dental appliance is being recommended instead. For these reasons, the requested repeat polysomnogram is not medically necessary.