

Case Number:	CM15-0221953		
Date Assigned:	11/17/2015	Date of Injury:	11/10/1999
Decision Date:	12/31/2015	UR Denial Date:	10/17/2015
Priority:	Standard	Application Received:	11/11/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old male with a date of injury of November 10, 1999. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain, depression and anxiety, and insomnia. Medical records dated September 30, 2015 indicate that the injured worker complained of a "Great deal of difficulty sleeping mainly due to pain and anxiety". The physical exam dated September 30, 2015 reveals that the injured worker appeared depressed. Treatment has included medications (Xanax, Ambien, Hydrocodone-Acetaminophen, Lyrica, and Roxicodone), and psychotherapy. The utilization review (October 17, 2015) non-certified a request for a nocturnal polysomnogram test and multiple sleep latency testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nocturnal polysomnogram test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Polysomnography (Sleep Study).

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

Decision rationale: The patient was injured on 11/10/99 and presents with neck pain, bilateral upper extremity radiating pain, depression, anxiety, and insomnia. The request is for a NOCTURNAL POLYSOMNOGRAM TEST. The patient is diagnosed with chronic pain state, GERD, hypertension, depression, anxiety, chronic headaches (migraine in type), type 2 diabetes mellitus, probable irritable bowel syndrome (IBS), and insomnia. The RFA is dated 10/14/15 and the patient's current work status is not provided. Official disability guidelines, Pain chapter, under Polysomnography, lists the following criteria: 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) 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. There is a formal diagnosis of insomnia. However, treater does not include a medical rationale as to why a sleep study would be necessary. Addressing the criteria for sleep studies, this patient does not appear to display excessive daytime somnolence, cataplexy, mental deterioration, or personality changes. In this case, the patient does not satisfy ODG criteria for sleep studies to substantiate the request. Therefore, the request IS NOT medically necessary.

Multiple Sleep latency testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Polysomnography (Sleep Study).

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

Decision rationale: The patient was injured on 11/10/99 and presents with neck pain, bilateral upper extremity radiating pain, depression, anxiety, and insomnia. The request is for a MULTIPLE SLEEP LATENCY TESTING. The patient is diagnosed with chronic pain state, GERD, hypertension, depression, anxiety, chronic headaches (migraine in type), type 2 diabetes mellitus, probable irritable bowel syndrome (IBS), and insomnia. The RFA is dated 10/14/15 and the patient's current work status is not provided. Official disability guidelines, Pain chapter, under Polysomnography, lists the following criteria: 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) 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. There is a formal diagnosis of insomnia. However, treater does not include a medical rationale as to why a sleep study would be necessary. Addressing the criteria for sleep studies, this patient does not appear to display excessive daytime somnolence, cataplexy, mental deterioration, or personality changes. In this case, the patient does not satisfy ODG criteria for sleep studies to substantiate the request. Therefore, the request IS NOT medically necessary.