

Case Number:	CM15-0223955		
Date Assigned:	11/20/2015	Date of Injury:	02/17/2009
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/13/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 38 year old male who sustained an industrial injury on February 17, 2005. Medical records indicated that the injured worker was treated for back pain. Medical diagnoses include chronic pain syndrome, status post spinal cord stimulator placement, status post L5-S1 total disc arthroplasty, status post morphine pump placement and residual cervical spine musculoligamentous strain. In the provider notes dated September 15, 2015, the injured worker complained of severe back pain. He has difficulty performing activities of daily living due to pain. On exam, the documentation stated there was tenderness to palpation of the lower lumbar paravertebral muscles with decreased range of motion. The treatment plan includes medications, continue with home health care. A Request for Authorization was submitted for sleep study. The Utilization Review dated October 15, 2015 denied the request for sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study: 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, 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 section, Polysomnography.

Decision rationale: The MTUS is silent on polysomnography (sleep study). The ODG, however, states that sleep studies may be conditionally recommended. Sleep studies are not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. The ODG lists criteria for polysomnography: 1. Excessive daytime sleepiness, 2. Cataplexy brought on by excitement or emotion, 3. Morning headache (with other causes ruled out), 4. Intellectual deterioration, 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, and 7. Insomnia 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. In the case of this worker, there was report of insomnia in the subjective report of the recent note without any other explanation. It is not clear if this is a new complaint, however, previous notes did discuss improvements in sleep related to reductions in pain, suggesting a link with pain and insomnia. The notes provided did not reveal any other information, which would help to fulfill the criteria for a sleep study, and therefore, it is unlikely to lead to any significant change in treatment. Therefore the request for a Sleep Study is not medically necessary.