

Case Number:	CM15-0057864		
Date Assigned:	04/02/2015	Date of Injury:	04/23/2013
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/26/2015

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 (IW) is a 34-year-old female who sustained an industrial injury on 04/23/2013. Diagnoses include cervical, thoracic and lumbar sprain/strain, myospasm; bilateral shoulder, wrist and knee sprain/strain and loss of sleep. Treatment to date has included medications, left knee surgery and physical therapy. Diagnostics performed to date included electrodiagnostic testing, x-rays and MRIs. According to the progress notes dated 10/3/14, the IW reported neck, upper/mid back and low back pain; bilateral shoulder pain; bilateral wrist pain; bilateral knee pain; left eye pain and loss of sleep due to pain. A request was made for a sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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), Mental Illness & Stress.

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 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), etc. in this case, the injured worker's working diagnoses are headache, cervical sprain and strain, cervical disc protrusion, lumbar sprain and strain, radiculitis versus radiculopathy, bilateral shoulder sprain and strain, bilateral wrist sprain and strain, bilateral carpal tunnel syndrome, bilateral knee sprain and strain, status post surgery left knee September 17, 2014, left ankle sprain and strain, loss of sleep, psychiatric component. Sleep studies are not recommended for the routine evaluation of transient insomnia, chronic insomnia or insomnia associated with psychiatric disorders. The documentation indicates there is an underlying psychiatric component (chronic pain). There is no formal diagnosis of insomnia. The injured worker does not have cataplexy, morning headaches (specifically) with other causes ruled out; intellectual deterioration (some, without suspicion of organic dementia); personality change (not secondary to medication, cerebral mass for known psychiatric problems); sleep-related breathing disorder or periodic limb movement disorder; insomnia complaint for at least six months (at least four nights of the week, unresponsive to behavior intervention and sedative/sleep promoting medications and a psychiatric etiology has been excluded. There are no medications listed in the progress note dated January 12, 2015. Consequently, absent clinical documentation in support of the recommended guidelines for polysomnography (sleep study), a sleep study is not medically necessary.