

Case Number:	CM15-0063120		
Date Assigned:	04/08/2015	Date of Injury:	11/05/2011
Decision Date:	05/08/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/02/2015

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 54 year old male, who sustained an industrial injury on 11/05/2011. On provider visit dated 02/09/2015 the injured worker has reported persistent neck and bilateral shoulder pain and a problem sleeping. He reports being up several times at night and sometimes could go a couple of days without sleep at all, but is tired throughout the day. The diagnoses have included neck pain, left shoulder pain and right shoulder pain. Treatment to date has included medication. The provider requested one overnight sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

One overnight 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-Treatment for Workers' Compensation, Online Edition Chapter: Pain (Chronic) 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: Pursuant to the Official Disability Guidelines, one overnight 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 neck pain; left shoulder pain, left rotator cuff repair January 26, 2012 and manipulation under anesthesia September 4, 2013; right shoulder pain; left biceps repair February 24, 2012 and history of pulmonary embolism (not documented in list of diagnoses). The injured worker has sleeping difficulties. The documentation indicates the injured worker took Lunesta with good response but has not been taking Lunesta in the latest progress notes. 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. A sleep study with the sole complaint of snoring is not recommended. There is no clinical indication or rationale documented in the medical record to support an overnight sleep study. Consequently, absent clinical documentation in support of an overnight sleep study, one overnight sleep study is not medically necessary.