

Case Number:	CM15-0088728		
Date Assigned:	05/12/2015	Date of Injury:	08/19/2013
Decision Date:	06/12/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/08/2015

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 34-year-old female, who sustained an industrial injury on 8/19/13. She reported low back pain. The injured worker was diagnosed as having lumbosacral strain/sprain, lumbar radiculopathy and thoracic sprain/strain. Treatment to date has included lumbar fusion, left carpal tunnel surgery, oral medications, physical therapy and home exercise program. Currently, the injured worker complains of constant headache, constant neck pain, pain in bilateral hands and fingers, constant back pain with numbness radiating to feet, constant bilateral lower extremity pain associated with numbness and tingling, feeling depressed, feeling anxious and difficulty sleeping. Physical exam noted moderate tenderness and spasm in paravertebral, trapezii, intrascapular area and sternocleidomastoid muscles of cervical spine with diminished range of motion, moderate to severe tenderness in lumbar spinous processes and paraspinal muscles with moderate to severe muscle spasm in lumbar paraspinal muscles, sciatic notches were moderately to severely tender bilaterally and range of motion was restricted and unstable gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnogram study: Overturned

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 and Stress chapter, Polysomnogram study.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment and Other Medical Treatment Guidelines Morgenthaler T; Kramer M; Alessi C et al. Practice parameters for the psychological and behavioral treatment of insomnia: an update. An American Academy of Sleep Medicine report. Sleep 2006; 29 (11): 1415-1419.

Decision rationale: The claimant sustained a work injury in August 2013 and continues to be treated for radiating neck and low back pain. Physical examination findings included a BMI of 32. There was a cervical and lumbar tenderness with muscle spasms and decreased range of motion. There was positive right leg raising and Phalen's and Tinel's testing was positive bilaterally. Her Epworth Sleepiness Scale Score was 16. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Whether the claimant has primary or secondary insomnia has not been determined, although the likelihood of secondary insomnia due to obstructive sleep apnea appears high. If this were the condition causing the claimant's sleep disturbance, then treatment for this condition would be indicated. Therefore the requested sleep study (polysomnogram) is medically necessary.