

Case Number:	CM14-0118360		
Date Assigned:	08/06/2014	Date of Injury:	12/01/2008
Decision Date:	10/22/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44-year-old male who reported an injury on 12/25/2008. The mechanism of injury reportedly occurred when he was in the process of placing a large piece of construction material in place in the course of building a broadcasting tower. His diagnoses included congenital spinal stenosis affecting the cervical and lumbar spines, cervical radiculopathy and myelopathy with torticollis, left optic radiculopathy, peripheral neuropathy, history of depression/anxiety with suicide attempt, insomnia, history of bilateral clavicular fractures at birth, and probable restless legs. His previous treatments included injections and physical therapy. His diagnostics included several cervical spine MRIs, CT myelogram of the cervical spine, x-rays of the neck, MRI of the shoulders, MRI of the lumbar spine, and nerve conduction studies/electromyogram. His surgeries included an anterior discectomy at C5-6 for decompression of spinal cord and nerve roots, an anterior interbody fusion at C5-6, and anterior instrumentation at C5-6, and an anterior cervical discectomy and fusion at C5-6. On 06/12/2014, the injured worker complained of a burning sensation which radiated from his neck to his arms, grinding and popping of his neck, and painful spasms that occur frequently to daily in the shoulder areas. He also reported of insomnia because of pain in the neck and shoulders. The physical examination revealed that the injured worker was thin and chronically ill appearing. His legs appeared restless. His toes were down-going, and there were slight end point tremors. His medications included Mobic and Gabapentin. The treatment plan was for a polysomnogram. The rationale for the request was to see if periodic leg movements of sleep were keeping him awake. The Request for Authorization form was submitted on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnogram: 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 chapter

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

Decision rationale: Based on the clinical information submitted for review, the request for a polysomnogram is not medically necessary. As stated in the Official Disability Guidelines, polysomnography is recommended after a minimum of 6 months of complaints of insomnia, unresponsive to behavior intervention and sedative/sleep promoting medications, and after a psychiatric etiology has been omitted. The injured worker experienced a specific work related injury, which reportedly caused neck pain that radiated to his arms, as well as bilateral shoulder pain. The guidelines indicate that a minimum of 6 months of complaints of insomnia is required before a polysomnography test is recommended; however, there is insufficient clinical documentation stating that the injured worker had previous complaints of insomnia. Furthermore, there are insufficient clinical details that stated that the injured worker had been unresponsive to behavior interventions and sleep/sedative promoting medications, as it is a requirement by the guidelines before a polysomnography test can be warranted. There is very minimal documentation in regard to the injured worker suffering from periodic limb movement in his sleep. As such, the request for a polysomnogram is not medically necessary.