

<b>Case Number:</b>	CM14-0124230		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 claimant was injured on 09/06/13 when she was climbing down a metal set of stairs and lost her footing and landed on her back on top of the ladder and rolled all the way down. An outpatient sleep study and psychiatric evaluation are under review. An MRI of the lumbar spine dated 12/05/13 showed spondylitic changes with a disc bulge at L2-3 and moderate bilateral neural foraminal narrowing secondary to a disc bulge at L3-4 with bilateral exiting nerve root compromise. At L4-5 there was a disc bulge without evidence of canal stenosis or neural foraminal narrowing. At L5-S1 there was a posterior annular tear with a disc bulge without canal stenosis or neural foraminal narrowing. On 06/26/14, she was not taking any medication [sic]. She had not had any surgeries on the injured body parts. Her pain varies throughout the day. She had pain at level 9/10 in the neck that radiated to the left shoulder and head with tingling and weakness in the left shoulder. It was worse with repetitive movement. She had constant stabbing pain in the low back radiating to the left lower extremity that was level 8/10. Her medications helped. She was overweight. She had painful range of motion. The only change was her reports of difficulty sleeping, depression, and anxiety. A pain management consultation and MRI of the brain were ordered. A psychologist referral was recommended for ongoing depression in addition to a sleep study due to her complaints of difficulty sleeping. Acupuncture and a urine toxicology screen were ordered. A referral to a psychologist was recommended due to severe depression. She stated she wanted to continue therapy. There are several handwritten note that are nearly illegible. She was diagnosed with post concussion syndrome. On 08/07/14, she complained of sharp cervical spine pain at level 6/10 radiating down to the left elbow and severe constant low back pain. She also had chronic headaches. She had difficulty with standing and prolonged walking due to pain and pain with range of motion. An MRI of the brain was pending. She was diagnosed with an annular tear, radiculopathy, and

nerve root compression. Topical and oral medications and acupuncture were ordered. Pain management was recommended. She reported difficulty sleeping, depression, and anxiety. She had decreased range of motion of the cervical and lumbar spines. An MRI of the brain dated 08/08/14 was unremarkable. On 08/18/14, a work conditioning program was ordered. She had a positive straight leg raise test. Diagnoses included lumbago, lumbar sprain, and radiculitis. She also reported some double vision.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Outpatient 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 Chapter, Polysomnography; Criteria for Polysomnography / Sleep Studies

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter - polysomnography

**Decision rationale:** The history and documentation do not objectively support the request for an outpatient sleep study to evaluate the claimant's reports of difficulty sleeping. The MTUS do not address sleep studies. The ODG state "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 the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Home portable monitor testing may be an option. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. It is administered by a sleep specialist, a physician who is Board eligible or certified by the American Board of Sleep Medicine, or a pulmonologist or neurologist whose practice comprises at least 25% of sleep medicine. (Schneider-Helmert, 2003) According to page 3-17 of the AMA Guides (5th ed.), sleep disorder claims must be supported by formal studies in a sleep laboratory. (Anderson, 2000) However, home portable monitor testing is increasingly being used to diagnose patients with obstructive sleep apnea (OSA) and to initiate them on continuous positive airway pressure (CPAP) treatment, and the latest evidence indicates that functional outcome and treatment adherence in patients evaluated according to a home testing algorithm is not clinically inferior to that in patients receiving standard in-laboratory polysomnography. (Kuna, 2011) Insomnia is primarily diagnosed clinically with a detailed medical, psychiatric, and sleep history. Polysomnography is indicated when a sleep-related breathing disorder or periodic limb movement disorder is suspected, initial diagnosis is uncertain, treatment fails, or precipitous arousals occur with violent or injurious behavior. However, polysomnography is not indicated for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. (Littner, 2003) Criteria for Polysomnography: Polysomnogram / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4)

Intellectual deterioration (sudden, without suspicion of organic dementia); (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; & (7) Insomnia complaint 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.

**Psychological Evaluation due to severe depression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 132.

**Decision rationale:** The history and documentation do not objectively support the request for a psychological evaluation at this time. The MTUS state "psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated.... Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain." In this case, the indication for this type of referral is unclear. There is no evidence that the claimant's anxiety and depression have been evaluated in any basic way, including by questionnaire and it appears to be chronic. There is no documentation that simple trials of treatment with anti-depressants have been completed. There is no documentation of a basic questionnaire regarding mental and emotional status and symptoms has been done and there are only the patient's reports of anxiety and depression. It is not clear how long they have been present. No significant psychological disturbances appear to be present. There is no indication that psychological treatment is likely to be needed and this cannot be determined prior to a basic evaluation that can be done by a primary care provider. There is evidence that she reported depression and anxiety but little documentation that a basic mental health screening was documented. The medical necessity of this request for a psychological evaluation has not been clearly demonstrated.