

Case Number:	CM14-0126266		
Date Assigned:	08/13/2014	Date of Injury:	08/08/2011
Decision Date:	10/14/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/08/2014

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 Internal Medicine, has a subspecialty in Pulmonary and is licensed to practice in New York. 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 patient is a 48 year old male with a date of injury on 08/08/2011. He noted low back pain when lifting a 5 gallon bucket of chemicals. Over the course of several months he noted shoulder pain, anxiety, insomnia and depression. On 05/15/2014 he noted that he has difficulty falling asleep and lies awake at night worrying about his finances. When he does fall asleep, rolling to the side causes him to wake up from back pain. His medications were naproxen, omeprazole and cyclobenzaprine. He was 5'6" tall and weighed 240 pounds. He was in no acute distress. It was noted that he had mostly psychogenic insomnia. Ambien and a referral to a psychologist were recommended. On 06/18/2014 he complained of thoracic and lumbar spine pain. He had tenderness to palpation over the paravertebral muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Pain: Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Pain, Polysomnogram. Other Medical Treatment Guideline or Medical Evidence: <Insert Other

Basis/Criteria> Kryger MH, Roth T, Dement WC. Principles and Practice of Sleep Medicine, 5th Edition. 2011.

Decision rationale: MTUS guidelines do not address the medical necessity of a polysomnogram. ODG notes the following criteria for a polysomnogram. Polysomnograms / 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. However, sleep onset insomnia is not an indication for a polysomnogram according to standard of care. For clinically significant sleep apnea, idiopathic hypersomnia and Narcolepsy, there is usually a markedly decreased sleep latency. Also there must be a proper sleep medicine history and physical examination prior to a polysomnogram. In this case there was no documentation of an Epworth Sleepiness score, Mallampatti score, witnessed apnea, hypnagogic hallucination, sleep paralysis, sleep history or any documentation of daytime hypersomnia. There is insufficient documentation to substantiate the medical necessity of a polysomnogram at this time. However, sleep onset insomnia is not an indication for a polysomnogram according to standard of care. For clinically significant sleep apnea, idiopathic hypersomnia and Narcolepsy, there is usually a markedly decreased sleep latency. Also there must be a proper sleep medicine history and physical examination prior to a polysomnogram. In this case there was no documentation of an Epworth Sleepiness score, Mallampatti score, witnessed apnea, hypnagogic hallucination, sleep paralysis, sleep history or any documentation of daytime hypersomnia. There is insufficient documentation to substantiate the medical necessity of a polysomnogram at this time. The only risk factor for sleep apnea is obesity.