

Case Number:	CM14-0088533		
Date Assigned:	07/25/2014	Date of Injury:	04/03/2014
Decision Date:	10/06/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/12/2014

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 Neurology has a subspecialty in Clinical Neurophysiology and is licensed to practice in Virginia. 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:

According to the records made available for review, the injured worker is a male with a date of injury of 04/05/2014. The mechanism of injury is stated that a door struck him on the head, right eye and neck. A clinical note documented 06/06/2014 states that the injured worker has symptoms of morning headaches, insomnia and forgetfulness. He also has an Epworth Sleepiness Scale of 20 and a Functional Sleepiness Scale of 62. He complains of symptoms of increased snoring since the injury. There is no documentation in the records of sleep hygiene methods, workup to investigate another etiology for his headaches following a head injury or a consideration of a potential psychiatric cause for his symptoms. There is no documentation of a trial of sleep promoting medications in this patient with a history of insomnia. The injured worker symptoms of insomnia are documented as being present for less than six months.

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) - TWC Pain Procedure Summary

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

Decision rationale: The Official Disability Guidelines (ODG) recommends polysomnography for symptoms of insomnia of duration of at least six months (present at least 4 nights per week, unresponsive to behavior intervention, a documented trial of sedative medications or after a potential psychiatric etiology has been excluded). The ODG does not recommend polysomnography for an evaluation of transient or chronic insomnia associated with a psychiatric etiology or for a sole isolated complaint of snoring. This injured worker has a documented symptom of increased snoring since his injury according to a clinical note dated 06/06/2014 as well as symptoms of morning headaches and insomnia. There is no documentation in the records made available of the IW's sleep hygiene nor is there any documentation of any workup to investigate the potential cause of his headaches following a head injury. There is no documented workup to potentially rule out a psychiatric etiology as a cause for his insomnia and there is no documentation of a trial of sleep promoting medication. Furthermore, the injured workers symptoms of insomnia are only documented to be of two months duration. Therefore, based on the guidelines and the review of the evidence, the request for a Polysomnogram is not medically necessary.