

<b>Case Number:</b>	CM14-0096450		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/06/2003
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 40 year old female who was injured on 6/6/2003 after falling off of a horse, and involved her neck, shoulder, elbow, finger, and lower back. She was diagnosed with left ankle fracture, intractable low back pain with radiculopathy and spinal discopathy. She was also diagnosed with depression, insomnia, and anxiety secondary to pain. She was treated with surgery (lumbar), orthotics, physical therapy, spinal cord stimulator, and medications (including a morphine intrathecal pump). She experienced chronic pain, however, even after conservative and invasive treatment options. She began to see a psychiatrist for her depression. Her pain interrupted her sleep. Since her injury she had gained a significant amount of weight to the point that she became obese. She was seen by her orthopedic surgeon complaining of her usual low back, left ankle/foot, and right leg pain. No documentation was seen of her then current sleep habits/patterns. She was recommended bariatric surgery and dietary counseling, a smoking cessation program, home care, a podiatry evaluation, referral to a neurologist, referral to internal medicine, a new mattress, referral for a sleep study, and continuation of her medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep Specialist Consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Polysomnography.

**Decision rationale:** The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The MTUS is silent on polysomnography (sleep study). The ODG, however, states that sleep studies may be conditionally recommended. Sleep studies are not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. The ODG lists criteria for polysomnography: 1. Excessive daytime sleepiness, 2. Cataplexy brought on by excitement or emotion, 3. Morning headache (with other causes ruled out), 4. Intellectual deterioration, 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, and 7. Insomnia 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 of snoring, without one of the above mentioned symptoms is not recommended. In the case of this worker, although she had reported interrupted sleep from her pain in previous notes to 5/6/2014, there is no documentation of the requesting physician gathering any details on this complaint to be able to assess if she warrants a referral for a sleep study. Weight loss would most likely be the primary long-term solution for any apnea diagnosis, regardless of her completing a sleep study, and this should be attempted first. Therefore, the sleep specialist consult is not medically necessary.