

Case Number:	CM13-0008735		
Date Assigned:	10/11/2013	Date of Injury:	02/14/2010
Decision Date:	04/06/2015	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/08/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 63-year-old [REDACTED] who has filed a claim for chronic shoulder, wrist, hand, finger, and elbow pain reportedly associated with an industrial injury of February 14, 2010. In a Utilization Review Report dated November 25, 2013, the claims administrator failed to approve a request for a sleep study. The claims administrator stated that the applicant had a longstanding history of mental health issues. The applicant's attorney subsequently appealed. In a July 23, 2013 RFA form, a sleep study was endorsed. The stated diagnosis was coronary artery disease. The attending provider stated that he was trying to rule out an occult seizure disorder. In a March 13, 2013 progress note, the applicant was described as having undergone a cardiac catheterization for coronary artery disease. The applicant was using losartan, Effient, aspirin, Lipitor, and Pepcid. In a cardiology note of January 10, 2013, the applicant's cardiologist stated that he believed the applicant's issues were not necessarily cardiac in nature and were more likely the results of underlying issues with psychological stress and/or anxiety. The applicant's cardiologist suggested that the applicant avoid cardiac catheterization. On July 19, 2013, the applicant stated that issues with chronic hand, wrist, and finger pain were, at times, making it difficult for him to sleep.

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 (ODG)- online version Polysomnography/ Sleep Studies Clinical Treatment Guidelines- Sleep Studies- Controversial Indications: Restless Leg Syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Schutte-Rodin S; Broch L; Buysse D; Dorsey C; Sateia M. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med 2008;4(5):487-504. Polysomnography and daytime multiple sleep latency testing (MSLT) are not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. (Standard).

Decision rationale: The request for a sleep study was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the American Academy of Sleep Medicine (AASM) notes that polysomnography or sleep studies are not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. Here, both the applicant's cardiologist and primary treating provider have acknowledged that the primary source of the applicant's issues with sleep disturbance are, in fact, psychological stress, anxiety, and chronic pain. A sleep study would be of no benefit in establishing the presence of mental health-induced or chronic pain-induced insomnia. Therefore, the request was not medically necessary.