

Case Number:	CM14-0215956		
Date Assigned:	01/06/2015	Date of Injury:	06/15/2012
Decision Date:	03/03/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female with an injury date of 06/15/12. Per physician's progress report dated 04/24/14, the patient complains of persistent back pain along with neck pain, headaches and dizziness. She also has a history of hypertension. The patient has also been diagnosed with depressive disorder, as per report dated 04/23/13 which was reviewed in progress report dated 04/24/14. Current medications include Losartan, Hygroton, Allopurinol, Allegra, Prilosec, Naproxen, Fioricet, Atarax and baby Aspirin. The patient is not working due to psychiatric reasons, as per progress report dated 04/24/14. Diagnoses, 04/24/14: Hypertension, Long history of dyspepsia, Gout nonindustrial, Type 2 diabetes diet controlled, Asthma secondary to chemical exposure at work, Benign essential tremor, Psychological issues deferred to [REDACTED] Orthopedic issues deferred to [REDACTED]. The utilization review determination being challenged is dated 12/12/14. Only one progress report dated 04/24/14 was available for review.

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), Mental Illness and Stress Chapter, Polysomnography, Pain Chapter

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

Decision rationale: The patient presents with persistent back pain along with neck pain, headaches and dizziness, as per progress report dated 04/24/14. The request is for DIAGNOSTIC SLEEP STUDY. She has a history of hypertension. The patient has also been diagnosed with depressive disorder, as per report dated 04/23/13, which was reviewed in progress report dated 04/24/14. ODG-TWC guidelines, chapter 'Pain (chronic)' and topic 'Polysomnography', list the following criteria for Polysomnography: "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) 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 of snoring, without one of the above mentioned symptoms, is not recommended." In this case, only one progress report dated 04/24/14 has been provided for review. In the report, the treater states that the patient had an episode of fainting at work (date not mentioned). "Before she fainted, the patient was having lot of stress related symptoms including problems falling asleep, staying asleep, and problems with concentration," the treater states. The patient also has poor memory and is taking Atarex for sleep, as per the same progress report. The patient appeared to have an episode of fainting, a possible narcolepsy or other. Given the episode during the day, the requested multiple latency test to check for day time sleepiness/narcolepsy/cataplexy appear medically reasonable. However, the sleep study is not necessary as there are no reports of intellectual deterioration, morning headaches, personality changes, etc. The request IS NOT medically necessary.

Multiple Sleep Latency Testing: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Polysomnography, Pain Chapter

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

Decision rationale: The patient presents with persistent back pain along with neck pain, headaches and dizziness, as per progress report dated 04/24/14. The request is for MULTIPLE LATENCY TEST. She has a history of hypertension. The patient has also been diagnosed with

depressive disorder, as per report dated 04/23/13 which was reviewed in progress report dated 04/24/14. ODG-TWC guidelines, chapter 'Pain (chronic)' and topic 'Polysomnography', list the following criteria for Polysomnography: "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) 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 of snoring, without one of the above mentioned symptoms, is not recommended." In this case, only one progress report dated 04/24/14 has been provided for review. In the report, the treater states that the patient had an episode of fainting at work (date not mentioned). "Before she fainted, the patient was having lot of stress related symptoms including problems falling asleep, staying asleep, and problems with concentration," the treater states. The patient also has poor memory and is taking Atarex for sleep, as per the same progress report. The patient appeared to have an episode of fainting, a possible narcolepsy or other. Given the episode during the day, the requested multiple latency test to check for day time sleepiness/narcolepsy/cataplexy appear medically reasonable. The request IS medically necessary.