

Case Number:	CM15-0111815		
Date Assigned:	06/18/2015	Date of Injury:	11/25/2013
Decision Date:	07/23/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/09/2015

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, North Carolina

Certification(s)/Specialty: Family Practice

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 injured worker is a 57 year old male, who sustained an industrial injury on 11/25/2013. He has reported injury to the neck and low back. The diagnoses have included neck pain; degeneration of cervical intervertebral disc; radicular pain; degeneration of lumbosacral intervertebral disc; jaw pain; and insomnia. Treatment to date has included medications, diagnostics, physical therapy, pain psychology sessions, and home exercise program. Medications have included Terocin Patch. A progress report from the treating physician, dated 04/28/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of neck pain; radicular pain; jaw pain; insomnia; he recently completed physical therapy sessions and notes improvement in pain and symptoms, however, he has not established a sufficient home exercise program; he continues to have pain along the cervical spine that causes numbness and tingling into the right arm and hand; he continues to work full time; his pain is stable but aggravated by lifting, pulling pushing, and overhead work; he tries to manage his pain with good body mechanics and adjustments with some relief, but the pain continues to affect his quality of life, mood, and sleep; and he has difficulty staying asleep since injury and averages 3-4 hours of sleep per night. Objective findings included forward flexed body posture. The treatment plan has included the request for sleep study evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 04/30/15) Online Version Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of sleep medicine.

Decision rationale: The MTUS does not address this topic. The American Academy of Sleep Medicine (ASM) notes that polysomnography/sleep studies are indicated when there is a reasonable suspicion of a breathing disorder or movement disorder such as sleep apnea. In this case, it was not stated whether the sleep apnea was suspected. Rather, it appears that the applicant has sleep disturbance issues secondary to pain. A sleep study would be of no benefit in establishing the presence of pain-induced insomnia according to the ASM. Further, there is no documentation of excessive daytime somnolence, cataplexy, morning headache intellectual deterioration or intellectual changes warranting a sleep study. Therefore, the request is deemed not medically necessary or appropriate.