

<b>Case Number:</b>	CM15-0123635		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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

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:

This 59 year old male sustained an industrial injury to the head, neck on 3/18/13. Documentation did not disclose previous treatment or recent magnetic resonance imaging. In a PR-2 dated 6/16/15, the injured worker presented for a sleep screening. The injured worker had very poor sleep hygiene including tobacco use, caffeine use, television in the bedroom and naps throughout the day. The injured worker reported that sleep onset was approximately 1-1.5 hours. The injured worker stated that he woke up once a night due to nocturia. The injured worker reported mild improvement in sleep with Cyclobenzaprine. Physical exam was remarkable for tenderness to palpation to the cervical spine and lumbar spine with decreased range of motion. Current diagnoses included lumbar spine sprain/strain, cervical spine sprain/strain, concussion with loss of consciousness and insomnia due to pain and poor sleep hygiene. The treatment plan included continuing conservative care with medications, exercise, transcutaneous electrical nerve stimulator unit and therapeutic cane and requesting authorization for Lunesta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep evaluation:** 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), 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) Pain (Chronic), Polysomnography.

**Decision rationale:** According to the Official Disability Guidelines, in-lab 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. Sleep evaluation is not medically necessary.

**Sleep hygiene:** 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), 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) Pain (Chronic), Insomnia treatment.

**Decision rationale:** The Official Disability Guidelines do not recommend 'sleep hygiene' as an isolated treatment, but in concert with other treatments, such as sleep restriction, biofeedback, and multifaceted cognitive behavioral therapy. Suggestions for improved sleep hygiene: (a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. Sleep hygiene, as is currently requested, is not medically necessary.