

<b>Case Number:</b>	CM15-0129337		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	01/12/2006
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Emergency 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 injured worker is a 49 year old male who sustained an industrial injury on 01/12/2006. There was no mechanism of injury documented. The injured worker was diagnosed with closed head injury with post-traumatic head syndrome, major depression, migraines and obstructive sleep apnea. The injured worker is status post ankle and foot surgeries and right below the knee amputation with revisions (no dates documented). Treatment to date has included diagnostic testing, surgical interventions, physical therapy, viscosupplementation injections, psychotherapy, prosthetic devices and medications. According to the primary treating physician's progress report on May 28, 2015, the injured worker continues to experience low energy levels, depressed and slightly more emotional. The injured worker has been off Suboxone for a year. Evaluation noted a well groomed, overweight gentleman with an appropriate affect, calm and coherent with intact thought and judgment. Gait was antalgic with prosthetic device in place. A secondary treating physician on the same date evaluated the injured worker and noted fewer tremors with persistent migraines and some left knee pain. There was normal motor strength and sensation in the bilateral upper extremity and left lower extremity. Current medications are listed as Naproxen, Cymbalta, Trazodone, Belsomra, Protonix and Liothyronine. Treatment plan consists of follow-up appointments and the current request for a sleep study.

### 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 Clinical guideline for the evaluation and management of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders.

**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:** The requested Sleep Study is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines (ODG), Pain (Chronic), Polysomnography, noted that this study is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders and note the criteria for testing are: 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) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) 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. The injured worker continues to experience low energy levels, depressed and slightly more emotional. The injured worker has been off Suboxone for a year. Evaluation noted a well groomed, overweight gentleman with an appropriate affect, calm and coherent with intact thought and judgment. Gait was antalgic with prosthetic device in place. A secondary treating physician on the same date evaluated the injured worker and noted fewer tremors with persistent migraines and some left knee pain. There was normal motor strength and sensation in the bilateral upper extremity and left lower extremity. The treating physician has not documented the following details: insomnia complaint of at least six months duration of at least four nights per week, trials of behavior intervention and sleep-promoting medications, exclusion of psychiatric etiology, excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change. The criteria noted above not having been met, Sleep Study is not medically necessary.