

Case Number:	CM15-0174526		
Date Assigned:	09/16/2015	Date of Injury:	05/18/2012
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, California
 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 56 year old male, who sustained an industrial injury on 5-18-12. The injured worker was diagnosed as having cervical disc bulge, thoracic sprain, lumbar disc rupture, bilateral shoulder strain, right hip strain, right knee strain and right foot strain. The physical exam (3-18-15 through 6-9-15) revealed a positive straight leg raise test at 60 degrees and light touch sensation is intact in the right upper extremity. The patient has had MRI of the lumbar spine on 2/17/15 that revealed disc protrusions, and foraminal narrowing. The patient has had history of stress, mild anxiety and depression. The medication list includes Anaprox. The electrodiagnostic studies of the upper extremities and lower extremities on (4-14-2015) were normal. Treatment to date has included a lumbar epidural injection on 3-8-15 with 50% improvement, chiropractic treatments, physical therapy, extracorporeal shockwave therapy, and over-the-counter pain medications. As of the PR2 dated 7-29-15, the injured worker reports constant pain in his lower back that radiates to his legs. The treating physician noted painful range of motion in the lumbar spine and light touch sensation intact in the left leg. There is no documentation of sleep aid medications that were tried and failed and no documentation of sleep quality or disturbances. The treating physician requested a sleep study. On 7-29-15 the treating physician requested a Utilization Review for a sleep study. The Utilization Review dated 8-20-15, non-certified the 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 Official Disability Guidelines, Pain.

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 (updated 10/09/15) Polysomnography.

Decision rationale: CA MTUS/ACOEM does not address this request, therefore ODG guidelines used. Per ODG cited below Polysomnography/sleep 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." 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. A sleep study for the sole complaint of snoring, without one of the above-mentioned symptoms, is not recommended. The records provided did not specify if the above criteria for a polysomnogram were present in this patient. A detailed clinical history regarding insomnia was not specified in the records provided. The patient has had history of stress, mild anxiety and depression. It is unclear if untreated psychiatric etiology, as the cause of the insomnia, has been excluded. The response to sedative/sleep promoting medications (at night) and behavior intervention were not specified in the records provided. The medical necessity of the request Sleep Study is not fully established for this patient.