

Case Number:	CM15-0176913		
Date Assigned:	09/17/2015	Date of Injury:	09/03/2010
Decision Date:	10/27/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/08/2015

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: 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:

This injured worker is a 68 year old female, who sustained an industrial injury on 09-03-2010. The injured worker was diagnosed as having chronic headache disorder, chronic intractable migraine without aura and migraine without aura. On medical records dated 06-29-2015 and 08-07-2015, subjective complaint was for migraines. Headache frequency was noted as 45 out of 90 days which decreased to 6-7 out of 30 days status post Botox injection and intensity went from 5-10 out of 10 to 8-9 out of 10. The injured worker was noted that Botox injections have had some improvement, waking up with an occasionally headache. The physical exam revealed constitutional and neurological as normal. Treatment to date included Botox treatments and medication. Current medication was listed as Norco, Cambia, and Zofran. The Utilization Review (UR) was dated 08-24-2015. The UR submitted for this medical review indicated that the request for Home Sleep Study was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home 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) web Pain updated 7/15/2015- Polysomnography.

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

Decision rationale: The patient presents on 08/07/15 with migraine headaches rated 3-9/10 prior to botox, 8-9/10 post botox. The patient's date of injury is 09/03/10. The request is for Home Sleep Study. The RFA is dated 08/12/15. Physical examination dated 08/07/15 is unremarkable. The patient is currently prescribed Cambia, Zanaflex, and Norco. Patient's current work status is not provided. Official disability guidelines, Pain chapter, under Polysomnography, lists the following criteria: 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 regard to the request for a sleep study, the treater has not provided a reason for the request. Per progress note 08/07/15, the provider states that the patient has mild snoring, some daytime fatigue, and occasionally wakes with a headache. Addressing the criteria for sleep studies, this patient does not appear to display excessive daytime somnolence, cataplexy, mental deterioration, or personality changes - and neurological examination findings on 08/07/15 are unremarkable. This patient presents with chronic migraine headaches and loss of sleep secondary to pain, and the provider does not include a rationale as to why such testing is necessary to improve her course of care. In this case, the patient does not satisfy ODG criteria for sleep studies and the request cannot be substantiated. This request is not medically necessary.