

Case Number:	CM15-0177900		
Date Assigned:	09/25/2015	Date of Injury:	01/11/2010
Decision Date:	11/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/09/2015

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: Texas, Illinois

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:

The injured worker is a 49-year-old female, who sustained an industrial injury on January 11, 2010. The injured worker has been diagnosed of lumbar lumbosacral disc degeneration, cervical disc degeneration, sprain of neck, thoracic region sprain and strain, lumbar region sprain and strain and unspecified major depression recurrent episode. Treatment to date has included cognitive behavioral therapy and medication. A lumbar epidural steroid injection did not provide lasting relief. She was provided physical therapy treatment and was noted to be doing an independent exercise program with "some benefit." On July 2, 2015, the injured worker complained of neck and low back pain. She stated that she was still having difficulty sleeping. Lunesta medication was noted to help her get more sleep, compared to without it, but she still felt that she was not getting restful sleep. The injured worker reported having difficulty with concentration during the day and feeling very fatigued. The treatment plan included medication, spinal cord stimulator implant trial, sleep study and a follow-up visit. On August 11, 2015, utilization review denied a 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 cite any medical evidence for its decision.

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 injured worker sustained a work related injury on January 11, 2010. The medical records provided indicate the diagnosis of lumbar lumbosacral disc degeneration, cervical disc degeneration, sprain of neck, thoracic region sprain and strain, lumbar region sprain and strain and unspecified major depression recurrent episode. Treatment to date has included cognitive behavioral therapy and medication. The medical records provided for review do not indicate a medical necessity for Sleep Study. The MTUS is silent on sleep study, but the Official Disability Guidelines states that polysomnography 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. Therefore, the requested evaluation is not medically necessary considering this injured worker has been diagnosed of major depression.