

<b>Case Number:</b>	CM15-0043058		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	04/09/2008
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: 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 61 year old female, who sustained an industrial injury on April 9, 2008. The injured worker was diagnosed as having cervical pain, lumbar radiculopathy, lumbar degenerative disc disease, low back pain and lumbar sprain. Treatment to date has included medications, home exercise program, TENS unit. The documentation indicates that use of her TENS unit for one hour per day has decreased her pain to where she sleeps better and has residual pain relief up to two hours after use. She has had cervical facet nerve blocks, cervical medial branch radiofrequency neurotomy of C3, C4 and C5, and imaging of the cervical spine. In addition, her provider has instructed her on sleep hygiene. Currently, the injured worker complains of neck pain, lower back pain and left shoulder pain. She rates her pain an 8 on a 10-point scale without medications and a 5 on a 10-point scale with medications. She reports poor quality of sleep and notes that Lunesta is effective for 3-4 hours. The evaluating physician notes she has failed multiple sleep aids and she has received previous basic sleep hygiene. A sleep study evaluation was recommended.

### 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, Polysomnography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Polysomnography.

**Decision rationale:** According to ODG, 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. It is not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. ODG notes the following criteria for polysomnography: 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. In this case, the injured worker was seen on 2/10/15 at which time sleep study was requested as the injured worker continued to report issues with sleep. It is noted that Lunesta is effective for 3-4 hours and the injured worker has failed multiple sleep aids. It was also noted that basic sleep hygiene has been previously reviewed with the injured worker. However, the injured worker does not meet the criteria for a sleep study as indicated by ODG. The medical records do not establish the length of time the injured worker has complained of insomnia. The medical records do not establish insomnia complaint for at least six months (at least four nights of the week) and that psychiatric etiology has been excluded, the request for sleep study is not medically necessary.