

Case Number:	CM15-0044103		
Date Assigned:	03/16/2015	Date of Injury:	07/13/2010
Decision Date:	06/09/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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:

The injured worker is a(n) 54-year-old female, who sustained an industrial injury on 7/13/10. She reported pain in the knees and lower back. The injured worker was diagnosed as having lumbar compression fracture, lumbar disc disorder, and osteoarthritis and right knee joint replacement on 2/19/14. Treatment to date has included EMG/NCV study, right knee MRI and pain medications. As of the PR2 dated 2/11/15, the injured worker reports being seen by orthopedist, who recommended further x-rays, MRI's, a bone scan and polysomnography. The treating physician noted that the injured worker did not appear to be in any pain and had a normal gait. He did note some decreased ranges of motion in the cervical and lumbar spine. There was no documentation regarding the injured worker's sleep habits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnography: 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 & Polysomnography sections.

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, polysomnogram.

Decision rationale: This patient presents with neck, lower back and knee pain. The current request is for a POLYSOMNOGRAPY. The Request for Authorization is dated 02/11/15. Treatment to date has included right knee replacement (02/19/14), physical therapy, EMG/NCV study, right knee MRI and pain medications. The patient is currently on modified duty. ACOEM and MTUS Chronic pain guidelines do not discuss polysomnogram; therefore, ODG guidelines are consulted. ODG Guidelines under its Pain chapter has the following regarding polysomnogram, "recommended after at least 6 months of insomnia complaints, at least 4 nights a week, unresponsive to behavior, intervention, and sedative sleep-promoting medication, and after psychiatric etiology has been excluded." Examination on 02/11/15 revealed paraspinal muscle tenderness and decreased range of motion in the cervical and lumbar spine. Right knee examination was within normal limits and the left knee was not examined. The treating physician requested a total body bone scan, polysomnography and MRI of the cervical and lumbar spine. There was no rationale provided for the requested polysomnography. Report 02/11/15 provided no list of current medications or any discuss regarding sleep issues. Report 12/01/14, under the psychiatric section noted, "Not present, insomnia, memory loss, nervousness, suicidal ideation, suicidal planning and trouble falling asleep." However, insomnia was listed under "other problems." In this case, it appears that the patient suffers from insomnia but the treating physician does not discuss behavioral interventions, medication trial, and psychiatric etiology, as required by ODG. Furthermore, there is no documentation of excessive daytime somnolence, intellectual deterioration, personality change, etc. The requested polysomnography is not medically necessary.