

Case Number:	CM15-0068082		
Date Assigned:	04/15/2015	Date of Injury:	04/09/2009
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/10/2015

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 54 year old female, who sustained an industrial/work injury on 4/9/09. She reported initial complaints of cervical strain. There was also abdominal pain, and acid reflux, secondary to non-steroid anti-inflammatory drugs, and dysphagia. The injured worker was diagnosed as depressive disorder and sleep/wake disorder. Treatment to date has included medication, diagnostic testing, surgery (anterior cervical discectomy and fusion at C5-6 and 6-7 on 1/11/12), psychiatric evaluation, and pulmonary testing. Electroencephalogram was completed on 2/3/15 that was reported as normal. Agreed medical examination on 2/28/14 noted that sleep disorder appear to be psychologically mediated. Psychiatric agreed medical evaluation dated 8/5/14 notes that the injured worker continues to sleep poorly. She was diagnosed with Axis I unspecified depressive disorder, stabilized, sleep-wake disorder/insomnia disorder, Axis II No personality disorder, Axis III orthopedic problems, Axis IV psychosocial stressors including work injury, brothers death at age 18, husbands carpal tunnel syndrome, being in jail 20 years ago, mothers illness which has improved, a disrupted childhood being raised by an aunt, GAF 58. Currently, the injured worker complains of unchanged dysphagia, abdominal pain, depression, anxiety, constipation, and unchanged sleep quality. Per the primary physician's progress report (PR-2) on 2/16/15, examination noted normal lung sounds, cardiovascular sounds, soft abdomen without tenderness, no clubbing or edema or edema. The requested treatments included split night sleep study with C-PAP to rule out obstructive sleep apnea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Split night sleep study with C-PAP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults, J Clin Sleep Med, Interventions and Practices Considered, AI Specialty Health, Polysomnography and home sleep testing.

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

Decision rationale: According to the Official Disability Guidelines, 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. ODG notes that polysomnography is not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Agreed medical examination on 2/28/14 noted that sleep disorder appear to be psychologically mediated. The injured worker has undergone a psychiatric agreed medical evaluation dated 8/5/14 at which time she was diagnosed with Axis I unspecified depressive disorder, stabilized, sleep-wake disorder/insomnia disorder. Given that the sleep issues are associated with psychiatric disorder, the request for sleep study would not be supported. The request for Split night sleep study with C-PAP is not medically necessary and appropriate.