

Case Number:	CM15-0099195		
Date Assigned:	06/01/2015	Date of Injury:	07/30/1998
Decision Date:	07/09/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/22/2015

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 64-year-old female, who sustained an industrial injury on 7/30/1998. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar or lumbosacral disc degeneration, lumbago, cervicobrachial syndrome, and chronic pain syndrome. Treatment to date has included diagnostics and medications. On 3/18/2015, the injured worker complains of pain at the right side of her head and neck, right arm and upper extremity, and mid back. Pain was rated 6-7/10. She also reported headaches and numbness. Her level of sleep was decreased due to difficulty staying asleep, averaging 4-5 hours per night. She reported no changes in her quality of life or activities of daily living and was not working. She inquired about getting an injection for the pain. Current medications included Lidoderm patch, Norco, Voltaren gel, Actos, Amlodipine, HCTZ, Ibuprofen, Levothyroxine, Losartan Potassium, Metformin, and Onglyza. Her body mass index was 34.36%. Exam of the cervical spine was positive for right side Spurling's sign. On sensory exam, she had right upper extremity deficits (unspecified). She received a Toradol injection. Urine toxicology reports (11/14/2014 and 12/05/2015) were inconsistent with prescribed medications, noting the presence of Tramadol. The treatment plan included a sleep evaluation to determine if she had sleep apnea, that might be affecting her sleep, and possibly affecting overall pain. The progress report dated 10/08/2014, noted fair sleep quality, with average of 4-5 hours per night reported. Currently (4/22/2015), pain levels were unchanged and sleep was reported to average at 5 hours per night. The average quantity of sleep per night that the injured worker reported appeared consistent for greater than 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep evaluation: 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 ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127. Official disability guidelines Pain (Chronic) chapter, Polysomnography.

Decision rationale: The patient was injured on 07/30/98 and presents with pain at the right side of her head, pain at the right side of her neck, pain in the right arm, and pain in the upper/mid back. The request is for a sleep evaluation to determine if she has sleep apnea that might be affecting her sleep. There is no RFA provided and the patient's current work status is not provided. ACOEM Practice Guidelines, Second Edition, 2004, page 127, has the following; the occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. ODG guidelines have the following regarding sleep studies: "ODG Guidelines, Pain (Chronic) chapter, Polysomnography: 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. Criteria for Polysomnography: 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." The patient has a positive right-sided Spurling's sign and has right upper extremity sensory deficits. She is diagnosed with lumbar or lumbosacral disc degeneration, lumbago, cervicobrachial syndrome, and chronic pain syndrome. Treatment to date has included diagnostics and medications. The 03/18/15 report states, "the level of sleep for the patient has decreased due to difficulty in staying asleep. Quality of sleep is poor; averaging between 4 and 5 hours per night." In this case, there is no documentation of the patient having sleep problems for 6 months as required by ODG guidelines. While the patient states that she has "difficulty in staying asleep," there is no documentation of excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, or personality change that would indicate the patient meets guideline criteria. Furthermore, the psychiatric etiology for the patient's sleep difficulties have not been ruled out. Therefore, the request is not medically necessary.