

<b>Case Number:</b>	CM15-0099751		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/25/2015

### 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: Ohio, North Carolina, Virginia  
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 46 year old male who sustained an industrial injury on 10/10/2011. Mechanism of injury was a fall with loss of consciousness and closed head injury. Diagnoses include cervical degenerative disc disease with radiculopathy, cervicogenic headaches, severe depression and chronic pain syndrome with both sleep and mood disorder. Treatment to date has included diagnostic studies, medications, physical therapy, and follows with a psychiatrist every other week. His medications include Clonazepam, Cyclobenzaprine, Fioricet, Flector 1.3% transdermal patch, Lithium Carbonate, Melatonin, Viagra, and Wellbutrin XL. A physician progress note dated 04/23/2015 documents the injured worker complains of worsening insomnia for the last 2-3 months due to pain. He has continued significant neck, and mid back shoulder girdle and upper extremity pain. He is not a surgical or injection candidate. He reports of sleeping about 3-4 hours of sleep per night. He is no longer taking Ambien due to ineffectiveness, and he started Trazodone for insomnia 2 weeks ago but reports no improvement. He is depressed and has a flat affect. He has a forward flexed body posture. Treatment requested is for Sleep Study Referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep Study Referral:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Pain (chronic).

**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:** Per 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. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Home portable monitor testing may be an option. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. It is administered by a sleep specialist, a physician who is Board eligible or certified by the American Board of Sleep Medicine, or a pulmonologist or neurologist whose practice comprises at least 25% of sleep medicine. See the Pain Chapter for more information and references. In its Choosing Wisely list, the American Academy of Sleep Medicine (AASM) advises against polysomnography (PSG) in patients with chronic insomnia unless symptoms suggest a comorbid sleep disorder. Although PSG may confirm self-reported symptoms of chronic insomnia, it does not provide additional information necessary for diagnosis of chronic insomnia. However, PSG is indicated in some specific circumstances, for example when sleep apnea or sleep-related movement disorders are suspected, the initial diagnosis is uncertain, behavioral or pharmacologic treatment fails, or sudden arousals occur with violent or injurious behavior. In addition, do not use polysomnography to diagnose restless legs syndrome. (AASM, 2015) 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. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended; (8) Unattended (unsupervised) home sleep studies for adult patients are appropriate with a home sleep study device with a minimum of 4 recording channels (including oxygen saturation, respiratory movement, airflow, and EKG or heart rate). In this instance, the injured worker appears to have a multi-factorial sleep disorder. He has been instructed in conservative sleep measures and has failed numerous sleep aids. He does have a diagnosis of post-traumatic stress disorder and depression but those are said to be responding well to treatment. The treating physician believes the primary sleep disturbance may be due to pain. The condition appears to have been present for at least 6 months. Therefore, a referral for a sleep study is medically necessary and appropriate.