

<b>Case Number:</b>	CM13-0016987		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

56 y.o. male with an injury from 1/11/13, suffers from chronic low back, leg pains as well as upper extremity pains due to repetitive trauma from work. The request for sleep studies have been denied per 8/9/13 UR letter citing ODG guidelines and the lack of documentation for length of sleep difficulties, lack of behavioral intervention attempted. 9/3/13 report by [REDACTED] lists diagnoses of Cervical sprain, lumbar sprain, s/p left wrist CTR from 4/25/13, symptoms of anxiety, depression and insomnia. The patient was recommended to continue meds and PT, and EMG/NCV studies, MRI of C-spine, L-spine, and bilateral wrists. Patient was temporarily totally disabled. The patient was pending sleep studies report. 7/23/13 report by [REDACTED] has the patient's symptoms worsening. Night pain continues and unable to sleep due to pain. Patient was to be referred for sleep studies to r/o insomnia secondary to pain. 6/18/13 report by [REDACTED] is an initial orthopedic evaluation of the patient. Regarding sleep, "she states that she sleeps with pillow underneath her legs to help her try and sleep for her back pain." "... she is not able to neither sleep nor eat because of how depressed she is feeling." Recommendation was for PT, and medical records. Patient was given medications as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 sleep study between 8/8/2013 and 9/22/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Polysomnography..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), has the following regarding polysomnogram: (<http://www.odg-twc.com/odgtwc/pain.htm#Polysomnography>)...

**Decision rationale:** I agree with the initial UR denial that the current request is not consistent with review of the guidelines available. MTUS and ACOEM do not address sleep studies and ODG guidelines are consulted. ODG guidelines require 6 months of insomnia complaints, insomnia that is unresponsive to behavioral intervention and when psychological etiology has been ruled out. The patient may have had 6 months or longer duration of insomnia but there is no documentation that behavioral modification has been tried. There is no discussion in the treater's notes regarding what discussion have been carried out with the patient, what education has been provided and what medications have been tried. The patient also has a rather obvious and clear etiology for insomnia, that of chronic pain and depression. In such cases, ODG does not recommend obtaining sleep studies. The treater does not raise any other concern regarding the patient's insomnia. Recommendation is for denial.