

<b>Case Number:</b>	CM13-0019592		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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:

The patient is a 52-year-old female who reported an injury on 05/17/2013. The patient is diagnosed with concussion, cervicothoracic sprain, and low back sprain with right sciatica. The patient was seen by [REDACTED] on 10/04/2013. The patient complained of persistent neck and head pain with difficulty sleeping. Physical examination revealed positive compression testing, normal range of motion, tenderness to palpation over the suboccipital triangle, normal range of motion of bilateral shoulders, and positive Neer's testing on the left. Treatment recommendations included acupuncture treatment and continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Sleep Disorders Association

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

**Decision rationale:** Official Disability Guidelines state sleep studies are recommended for a combination of indications including excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality changes, and insomnia complaints for at least 6 months. The patient does not appear to meet criteria for a sleep study at this time. There is no

evidence of excessive daytime somnolence, cataplexy, intellectual deterioration, or insomnia complaints for at least 6 months in duration. There is also no evidence of unresponsiveness to behavioral intervention and exclusion of sedative sleep-promoting medication and psychiatric etiology. Based on the clinical information received, the request is non-certified