

<b>Case Number:</b>	CM13-0028965		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 Orthopedic Surgery, 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

This is a 54 - year - old gentleman injured in a work - related accident on October 17, 2012. The medical records for review documented multiple body complaints including low back pain, radiating lower extremity pain, right knee pain, bilateral foot pain, and neck pain. Clinical records as early as April 12, 2013 also indicated a diagnosis of difficulty with sleeping but specific treatment pertaining to the claimant's sleep were not noted. The most recent clinical follow - up report on August 5, 2013 by [REDACTED] documented ongoing complaints of pain in multiple body parts. There was a continued working diagnosis of lumbar musculoligamentous sprain with left leg radiculitis, right knee patellofemoral arthritis, bilateral plantar fasciitis, sleep apnea, stroke, gastrointestinal issues with reflex, and hypertension. A sleep study was recommended at that time due to "difficulty sleeping and apnea." Further clinical records in regard to the claimant's sleep are not noted.

### 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 Official Disability Guidelines (ODG), 11th Edition, Web, Pain, 2013

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Worker's Comp, 18th Edition, 2013 Updates: pain chapter, Polysomnography

**Decision rationale:** The MTUS/ACOEM Guidelines are silent. The Official Disability Guidelines recommend that sleep studies are only indicated if there is documentation of six months of insomnia of at least four nights per week that has been unresponsive to behavioral intervention or sedative sleep promoting medication after psychiatric etiologies have been excluded. The diagnosis of apnea alone is not an indication for a sleep study. There is no documentation regarding the employee's pattern of insomnia or treatment provided thus far. There is no documentation that the employee has been unresponsiveness to behavioral interventions or first line medications for sleep. Therefore, the request for asleep study cannot be recommended based upon the records provided for review.