

<b>Case Number:</b>	CM13-0036709		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/01/2000
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/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:

The injured worker is a 60 year old man with a date of injury of 1/1/00. He was seen by his primary treating physician on 9/30/13 with complaints of lumbar spine, right shoulder and right hip pain. He also complained of loss of sleep due to pain and that he was unable to sleep without medications, averaging 3-4 hours of sleep per night. He also was said to have depression, anxiety and irritability. On physical exam, he had a blood pressure of 143/93 and pulse of 85 beats per minute. He was ambulatory with a cane. He had tenderness in his SI joints, L5-S1 spinous processes, paravertebral muscles and positive straight leg raises. He also had tenderness in his shoulder and right hip with some muscle spasm noted. His diagnoses included lumbar disc protrusion, lumbar musculoligamentous injury, lumbar radiculopathy, right shoulder impingement syndrome and myospasm/sprain/strain, right hip pain/strain/sprain, loss of sleep, sleep disturbance and anxiety. At issue in this review is a sleep study.

### 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 -TWC, Online Edition, Chapter: Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CLINICAL PRESENTATION AND DIAGNOSIS OF OBSTRUCTIVE SLEEP APNEA IN ADULTS.

**Decision rationale:** This injured worker has a history of sleep difficulties related to pain. Testing is recommended for individuals who snore and have excessive daytime sleepiness. The current MD note does not fully explore his sleep hygiene or symptoms of snoring or day time sleepiness. Additionally, there is no documentation that his bed partners have observed snoring or periods of apnea, which are part of the screening criteria. The records do not support the medical necessity for a sleep study.