

<b>Case Number:</b>	CM13-0037353		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/30/1999
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert reviewer is licensed in Psychology 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 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.

### 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 claimant is a 45-year-old female [REDACTED] with a date of injury of 9/30/99. The claimant sustained injury to her back when she lifted a heavy box while employed with [REDACTED]. She has been treated over the years with acupuncture, injections, ice treatments, massage, physical therapy, TENS (transcutaneous electrical nerve stimulation) unit, medications, and surgery. In his P R-2 report dated 8/19/13, [REDACTED] diagnosed the claimant with: (1) Status post extensive l/s fusion L4 to the sacrum, with residual radiculopathy; (2) Implantation of spinal cord stimulator; and (3) Sleep disturbance; anxiety and depression.

### 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, Pain (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines does not address the use of a sleep study for sleep disturbances therefore; the Official Disability Guideline regarding the use of polysomnography will be used as reference for this case. The guidelines indicate that

polysmnography 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." At this time, the claimant has yet to be evaluated by a psychologist or psychiatrist and has not received behavior interventions nor sleep-promoting medications. As a result, the request for a "sleep study" is premature and therefore, is not medically necessary