

<b>Case Number:</b>	CM13-0041939		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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 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 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:

This is a 45-year-old female who sustained an injury to the neck with radiating pain to the upper extremities on 10/27/11. The records provided for review included a 09/03/13 follow up report documenting that the claimant had continued neck pain radiating to the digits. Objectively, on exam, there was tenderness on palpation of the cervical spine and tenderness to the trapezius with spasm. It was also noted that the claimant had lumbar tenderness to palpation. The recommendations were for continued work restrictions, medication management and referral to an internist for an underlying "sleep disorder." There is no documentation of the claimant's sleep related symptoms or treatment in regards to insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SLEEP STUDY/REQUESTED ON/SVS IS MEDICALLY NOT APPROVED BY PHYSICIAN ADVISOR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Polysomnography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7-127.

**Decision rationale:** Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for referral to an internist for sleep disorder for the purpose of

a sleep study is not recommended as medically necessary. While referral to a specialist would be appropriate, the specific request for a sleep study cannot be supported as the claimant's current sleep related complaints are not truly defined. There is a lack of documentation to identify the care that has been provided for the claimant's sleep disturbance or symptoms. Typically, sleep studies are only recommended following six months of conservative treatment for insomnia related complaints including documentation of unresponsiveness to behavioral intervention or sedative/sleep promoting medications. Without documentation of the treatment rendered for sleep symptoms and a description of the claimant's sleep disorder, the specific request for referral for consultation and a sleep study would not be indicated.