

<b>Case Number:</b>	CM13-0048837		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/07/2005
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois. 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:

The patient is a 53-year-old male who reported an injury on 03/07/2005. The mechanism of injury was not provided for review. The patient developed chronic low back pain that was treated conservatively with physical therapy, a home exercise program, epidural injections, trigger point injections, and chronic medication usage. The patient's most recent clinical examination findings included tenderness to palpation of the lumbosacral paraspinal musculature from the L4-S1 with restricted range of motion secondary to pain and a positive straight leg raising test bilaterally. The treated physician documented that the patient's psychiatric assessment was within normal limits. The patient's diagnoses included degenerative disc disease from the L5-S1 and low back pain. The patient's treatment plan included continuation of a home exercise program and medication usage with a sleep study to clarify the diagnosis of sleep apnea.

### 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) Pain chapter, Polysomnography.

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

**Decision rationale:** The Physician Reviewer's decision rationale: The requested sleep study is not medically necessary or appropriate. Official Disability Guidelines recommend sleep studies for patients with insomnia complaints greater than 6 months that have not responded to behavioral interventions and medication usage directed towards promotion of sleep hygiene. Clinical documentation submitted for review does not provide any evidence that the patient has had 6 months of insomnia complaints supported by symptoms to include excessive daytime sleepiness, significant musculature weakness, electoral deterioration, personality changes, and a lack of responsiveness to behavioral interventions or pharmacological intervention. Therefore, the need for a sleep study is not clearly established. As such, the requested sleep study is not medically necessary or appropriate.