

<b>Case Number:</b>	CM13-0053129		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Oklahoma and Texas. 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 43-year-old female who reported an injury on 11/1/11. The mechanism of injury was not specifically noted. The patient was noted to have no change in her sleep quality, bone pain, or weakness associated with general malaise. The patient reported continuous headaches. The patient was noted to deny chest pain, shortness of breath, and palpitations. It was indicated per the office note dated 10/3/13 that a pulmonary function test was performed secondary to shortness of breath. The patient was instructed to continue to adhere to a course of sleep hygiene. The patient's diagnoses were noted to include other cellulitis and abscess of the face as well as sleep disorder, rule out obstructive sleep apnea and hypertension. The physician requested a sleep study with cardio-respiratory testing to rule out obstructive sleep apnea.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two-night sleep disorder breathing respiratory study at the patient's residence, including pulse oximetry and nasal function:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The Official Disability Guidelines indicate that polysomnograms are recommended after at least six months of insomnia complaints that occur at least four nights a week. The insomnia should be unresponsive to behavioral interventions and sedative/sleep promoting medications, and psychiatric etiology should be excluded. Home portable monitor testing may be an option. The clinical documentation submitted for review failed to meet the above recommendations; the patient had a pulmonary function test, but the results were not provided for this review. Given the above, the request for a sleep disorder breathing respiratory study is not medically necessary.