

<b>Case Number:</b>	CM13-0059669		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 female patient with the date of injury of October 16, 2012. A utilization review determination dated November 8, 2013 recommends non-certification of 1 sleep consult/study. The previous reviewing physician recommended non-certification of 1 sleep consult/study due to lack of documentation of a diagnosis of insomnia, that she has been unresponsive to behavior intervention and sedative/sleep-promoting medications, that a psychiatric etiology has been excluded, or any additional criteria for a polysomnogram. A Progress Report dated October 3, 2013 identifies Subjective Complaints of left hip pain which causes her to lose sleep at night. The patient complains of anxiety. Objective Findings identify tender to palpation left greater trochanter. Positive Fabere's. Diagnoses identify left hip S/S, greater troch. bursitis/tend/OA, left knee contusion resolved, and 5th digit MCP sprain improved. Treatment Plan identifies request authorization for a sleep study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE SLEEP CONSULT/STUDY BETWEEN 10/3/2013 AND 1/3/2014: 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)

**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:** Regarding the request for one sleep consult/study between 10/3/2013 and 1/3/2014, California MTUS guidelines are silent. ODG states Polysomnograms/sleep studies are recommended for the combination of indications listed below: Excessive daytime somnolence, Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy), Morning headache (other causes have been ruled out), Intellectual deterioration (sudden, without suspicion of organic dementia), Personality change (not secondary to medication, cerebral mass or known psychiatric problems), Sleep-related breathing disorder or periodic limb movement disorder is suspected, Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. Within the documentation available for review, there is mention that the patient loses sleep at night due to pain. However, there is no documentation of excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, sleep-related breathing disorder or suspected periodic limb movement disorder, or insomnia complaint for at least six months and at least four nights of the week that has been unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In the absence of such documentation, the currently requested one sleep consult/study between 10/3/2013 and 1/3/2014 is not medically necessary.