

<b>Case Number:</b>	CM13-0060461		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/24/2011
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Family Practice and is licensed to practice in 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 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:

The injured worker is a 40-year-old male who reported an injury on 04/24/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 11/20/2013 indicates a diagnosis of shoulder pain, depression with anxiety and seizure disorder. The injured worker reported left shoulder pain and headaches. He reported his pain level had decreased but he had headaches that were always present. The average pain was a 3/10 and was manageable. The injured worker reported severe migraines which occurred intermittently sometimes once a week sometimes every day. The injured worker reported left shoulder pain with certain activities and movements rated at 4/10 with flare-ups. The injured worker reported his quality of sleep was fair, he had broken sleep. On physical exam, the injured worker's left shoulder movements were restricted with flexion limited to 160 degrees, extension limited to 40 degrees, abduction limited to 150 degrees and internal rotation behind his body limited. The injured worker's motor strength of all muscles is 5/5. The injured worker's sensation is intact. The injured worker completed 6 physical therapy sessions for his left shoulder and was released with improved range of motion and less pain. He continues his daily home exercise program. The injured worker's prior treatments included a psychologist 1 time a week for individual psychotherapy as well as left shoulder arthroscopic surgery. The injured worker's medication regimen included Imitrex and cyproheptadine, Neurontin, Robaxin, baclofen, trazodone, Vistaril, Depakote and Imitrex. The provider submitted the request for 1 sleep study. The Request for Authorization dated 11/21/2013 was for 1 sleep study; however, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 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 and American Board of Sleep Medicine; AMA guides 5th Edition, pages 3-17.

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

**Decision rationale:** The Official Disability Guidelines (ODG) recommend a polysomnography 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. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. The guidelines also indicate Polysomnograms/sleep studies are recommended for the combination of indications such as Excessive daytime somnolence, muscular weakness usually brought on by excitement or emotion, morning headache (other causes have been ruled out and 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. Although the injured worker reported his quality of sleep was fair, there was a lack of evidence in the documentation to indicate the injured worker was unresponsive to behavior intervention and sleep promoting medications. In addition, the documentation submitted did not indicate the injured worker had findings that would support muscular weakness brought on by excitement or emotion or a morning headache that was caused by anything other than his migraines. Furthermore, the documentation did not indicate the injured worker had findings that would support he was at risk for insomnia. Therefore, per the Official Disability Guidelines, the request for 1 sleep study is not medically necessary.