

<b>Case Number:</b>	CM13-0067081		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/13/2007
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 patient is a 53-year-old male who was injured on June 13, 2007, when he fell in a 3 foot ditch. The patient continued to experience pain in his neck, back, right hip, and right leg. Physical examination was notable for spinal muscular tenderness and bilateral upper limb weakness. An MRI of the cervical and lumbar spines, which was done on January 24, 2011 showed L3-4 disc disease and multilevel cervical disc disease. The treatment included acupuncture, chiropractic treatment, electrical stimulation, and medications. The requests for authorization of polysomnogram, spirometry/pulmonary function/stress testing, and pulse oximetry/nasal function studies were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POLYSOMNOGRAM:** 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

**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 indicate that a polysomnography/sleep study is recommended after at least six (6) 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. Home portable monitor testing may be an option. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); and (6) 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. In this case the patient has no diagnosis of insomnia. The patient has no symptoms of sleep disturbance other than sleeping during the day. Furthermore, he has not received any treatment for sleep disturbance. Medical necessity has not been established.

**SPIROMETRY/PULMONARY FUNCTION/STRESS TESTING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Official Disability Guidelines indicate that pulmonary function testing can be used in lung diseases other than asthma to determine the diagnosis and estimates of prognosis. This patient had complaints of shortness of breath on review of systems, but the patient did not require treatment with inhalers. He was not tachypneic or hypoxic on examination. There is no abnormal lung sounds documented on physical examination. The medical record does not present signs or symptoms of pulmonary disease. Medical necessity is not established.

**PULSE OXIMETRY AND NASAL FUNCTION STUDIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date, Clinical presentation, diagnosis, and treatment of nasal obstruction

**Decision rationale:** The medical evidence indicates that nasal obstruction may present with nasal congestion, stuffiness, fullness, blockage or difficulty sleeping. Diagnosis of nasal obstruction includes careful history and physical examination, rhinoscopy, nasal endoscopy, and

diagnostic imaging. Other testing includes allergy testing, acoustic rhinometry, peak nasal airflow, and rhinomanometry. In this case the patient had no signs or symptoms of nasal obstruction. Review of systems did not document nasal symptoms and a nasal examination is not documented. A pulse oximetry was done in the office and was 98%. Medical necessity for nasal function studies and pulse oximetry is not established.