

<b>Case Number:</b>	CM13-0070893		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Occupational Medicine 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 37 year old male who has reported low back and leg pain after an injury on 4/12/12. An MRI showed multilevel spondylosis and electrodiagnostic testing showed mild sensory polyneuropathy and L4-5 paraspinal irritation. He has been diagnosed with a radiculitis, spondylosis, and morbid obesity. Treatment has included chronic opioids, injections, prolonged disability, physical therapy, chiropractic, and a functional restoration program completed in December 2013. Per the AME of 6/5/13, there was ongoing back pain, an Epworth Sleepiness Scale of 10, obesity (height of 6-1 and weight of 320 pounds), and no diagnosis related to a sleep disorder. There was no recommendation for any sleep studies. Per the repeat AME of 12/5/13, the Epworth scale result was 9. His Body Mass Index was 41%. There was no mention of any sleep disorder or recommendation for sleep studies. Per the functional restoration program discharge report of 12/20/13, the injured worker was noted to have difficulty initiating and maintaining sleep, frequent awakening, snoring, obesity, and his Epworth Sleepiness Scale was elevated (up to 16 per the 11/25/13 report). There were no reports of a medical evaluation focused on the injured worker's general medical condition and possible sleep disorder(s). On 12/13/13 Utilization Review non-certified a sleep study, citing the Official Disability Guidelines and noting the lack of sufficient indications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SLEEP STUDY UNATT&RESP EFFT:** 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 Non-MTUS Official Disability Guidelines (ODG), Pain chapter, Polysomnography Practice Parameters for the Indications for Polysomnography and Related Procedures: An Update for 2005. SLEEP 2005;28(4):499-521.

**Decision rationale:** The MTUS does not provide direction for evaluating or treating sleep disorders. The American Academy of Sleep Medicine (AASM) has published practice parameters for polysomnography (PSG) and related procedures. The conditions addressed included sleep related breathing disorders, other respiratory disorders, narcolepsy, parasomnias and sleep related seizure disorders, restless legs syndrome and periodic limb movement sleep disorder, depression with insomnia, and circadian rhythm sleep disorders. The initial evaluation should include a thorough sleep history and a physical examination that includes the respiratory, cardiovascular, and neurologic systems. The general evaluation should serve to establish a differential diagnosis of SRBDs, which can then be used to select the appropriate test(s). The general evaluation should therefore take place before any PSG is performed. The Official Disability Guidelines recommend polysomnography under some circumstances, including: Excessive daytime somnolence; 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. The treating physician has not provided sufficient indications for this study in light of the published guidelines and medical evidence. There is no evidence of a thorough medical evaluation that establishes the presence of all relevant medical conditions. The Epworth results in the records are highly variable, and the treating physician's results are not the same as those obtained by the AME on two separate occasions. The AME did not find evidence for the sleep disorder that was reported by the treating physician, including the evaluation of 12/5/13 which was at the same time that the treating physician was reporting different findings. The insomnia criteria 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 the Official Disability Guidelines has not been met. A sleep study is not medically necessary based on lack of sufficient medical evaluation and conflicting medical reports.