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| <b>Case Number:</b>   | CM14-0000214 |                              |            |
| <b>Date Assigned:</b> | 01/10/2014   | <b>Date of Injury:</b>       | 05/13/2012 |
| <b>Decision Date:</b> | 04/07/2014   | <b>UR Denial Date:</b>       | 12/17/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/02/2014 |

### 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 Geriatrics and is licensed to practice in New York. 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 reported a date of injury of 5/13/12 to her left shoulder, low back and left knee. She was evaluated for pulmonary/respiratory disorders and sleep disorder breathing on 10/25/13. She complained of observed apneas with bed partners not noting apnea or loud snoring. She uses Tramadol, Naproxen and Hydrocodone as medications. She does not have day time headaches and somnolence. She awakens twice at night and takes a 60 minute nap daily. Her physical exam showed normal blood pressure and oxygen saturation with a BMI of 25.62. Her oropharyngeal exam was normal. She had cardiorespiratory testing which revealed abnormal responses to autonomic challenges. A home sleep disordered breathing study is requested and at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for home sleep evaluation with 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 up-to-date: Clinical presentation and diagnosis of obstructive sleep apnea in adults.

**Decision rationale:** This injured worker has a history of sleep difficulties including nocturnal waking, day time somnolence and headaches and chronic pain. Testing is recommended for those individuals who snores and have excessive daytime sleepiness. The current MD note requests a home sleep study but it is not clear the contributions that pair or her current medications contribute to day time somnolence (Tramadol and opioids) or difficulty sleeping related to pain. Additionally, her bed partners have not observed snoring or periods of apnea, which are part of the screening criteria. The records do not support the medical necessity for home sleep evaluation.