

<b>Case Number:</b>	CM14-0001194		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	05/26/2011
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas and Oklahoma. 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 51-year-old male who reported an injury on 05/26/2011. The mechanism of injury was not stated. Current diagnoses include cervical spine herniated nucleus pulposus and lumbar spine multilevel disc protrusion. The injured worker was evaluated on 12/12/2013. The injured worker reported cervical spine pain with radiation into the bilateral upper extremities, as well as lower back pain with radiation into bilateral lower extremities. Physical examination revealed an antalgic gait with palpable muscle spasm and decreased cervical range of motion. Treatment recommendations included a sleep study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFER TO SLEEP STUDY:** 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) Chronic Pain Chapter, Polysomnography.

**Decision rationale:** Official Disability Guidelines state sleep studies are recommended for a combination of indications, such as excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, sleep related breathing disorder, or insomnia lasting at least 6 months in duration. There should also be documentation of an unresponsiveness to behavior interventions and an exclusion of sedatives/sleep promoting medications and psychiatric etiology. The injured worker does not meet any of the above mentioned criteria for the use of a sleep study. Therefore, the medical necessity has not been established. As such, the request is non-certified.