

<b>Case Number:</b>	CM14-0003685		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Internal 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:

The patient is a 41 year old male who was injured on 10/12/2011. He was working as an underground miner when a rock hit him in the head and rendered him unconscious. He states that he subsequently experienced neck pain, headaches, left arm pain and paresthesias, low back pain and left leg pain and paresthesias. Prior treatment history has included Naproxen 375 mg and Amitriptyline 25 mg. PR2 dated 01/08/2014 indicates the patient has complaints of intermittent headaches. He constantly feels numbness in left digits 1, 2, and 3 and tingling of the arms. He reports intermittent positional lightheadedness with double vision with associated nausea. On exam, he has decreased motion of the left arm. He is positive for disequilibrium and he has an abnormal ESS score of 16. Diagnoses are traumatic brain injury and left cranial nerve VI. The treatment and plan includes a polysomnogram, neuro-psyche testing, 3T MRI of the brain with contrast and DTI and FMRI. Prior UR dated 12/20/2013 states the request for a sleep study is non-certified based on lack of documentation supporting medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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), Pain, Polysomnogram.

**Decision rationale:** The ODG guidelines recommends sleep study for excessive daytime somnolence, cataplexy, morning headache after other causes have been ruled out, intellectual deterioration, personality change, sleep-related breathing disorder or periodic limb movement disorder, and insomnia ongoing for at least 6 months. The clinical documents provided did not adequately discuss one of the above listed indications to justify the necessity of a sleep study. It is not clear why a study is being ordered from the documentation provided. The medical records document a rock hit the patient on the head and rendered him unconscious. Subsequently he experienced neck pain, headaches, left arm pain, paresthesias, low back pain, and left leg pain. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.