

<b>Case Number:</b>	CM14-0009655		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	05/13/1991
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 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:

The patient is a 63 year old male, with an injury dated on 5/13/91. Subsequent to the injury he developed chronic cervical and lumbar difficulties. He was diagnosed with a cervical radiculopathy and has had a 2 level cervical fusion. He also has been treated with a spinal cord stimulator and is on oral analgesics. It is documented that he has an Epworth Scale of 15 and his sleep is not refreshing. His body mass index is 34.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SLEEP STUDY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:[http://www.aasmnet.org/Resources/clinicalguidelines/OSA\\_Adults.pdf](http://www.aasmnet.org/Resources/clinicalguidelines/OSA_Adults.pdf)<http://www.aasmnet.org/jcsm/Articles/030713.pdf>Aetna Guidelines for Sleep Studies:[http://www.aetna.com/cpb/medical/data/1\\_99/0004.html](http://www.aetna.com/cpb/medical/data/1_99/0004.html)Medicare Guidelines for Sleep Studies: [www.medicare.gov/coverage/sleep-study.html](http://www.medicare.gov/coverage/sleep-study.html)  
[http://www.ninds.nih.gov/disorders/brain\\_basics/understanding\\_sleep.htm](http://www.ninds.nih.gov/disorders/brain_basics/understanding_sleep.htm).

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), and Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, do not address this clinical situation. The ODG Guidelines appear to out of date on this particular issue and internally inconsistent (a patient should be on sleep medications for 6 months to qualify for the study, but the medication section states that sleep medications should not be utilized for over 2 weeks). In addition, if sleep apnea is suspected or diagnosed sleeping pills are contraindicated. The ODG also substantially differs from other insurers standards and other standard producing bodies. Per the vast majority of existing medical standard, the reporting of poor sleep, snoring, patients body habitus and excessive day time sleepiness qualifies him for the study.