

<b>Case Number:</b>	CM14-0009912		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/10/2007
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/23/2013
<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 Family Practice 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 injured worker is a 52-year-old male who sustained an injury to his neck on 05/10/07. The mechanism of injury was not documented. The injured worker continued to complain of pain in his neck which radiates into his upper extremities. It was reported the injured worker does have electrodiagnostic findings consistent with right C7 (neck) radiculopathy. It was noted the injured worker had a mandatory settlement hearing dated 05/29/13. Provisions included continued treatment with an orthopedic surgeon and pain management physician, physical therapy for flare-ups, lumbar/cervical epidural steroid injections and trigger point injections for pain. Provisions did not include sleep study or any other psychological diagnostic testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SLEEP STUDY TO EVALUATE FOR SLEEP APNEA: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Polysomnography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Polysomnography

**Decision rationale:** Per Official Disability Guidelines (ODG) Pain Chapter, Polysomnography, the request for sleep study to evaluate for sleep apnea is not medically necessary. The previous request was denied on the basis that medical necessity to repeat this procedure had not been established. Medical necessity to carry out the sleep study in the first place was not medically apparent. There was no indication the injured worker was unresponsive to behavioral intervention and sedatives, sleep promoting medications as well as psychiatric etiology. There was no evidence that the injured worker had insomnia for at least six months. Given the lack of supporting information and the clinical documentation submitted for review, medical necessity of the request for sleep study to evaluate for sleep apnea has not been established. Recommend non-certification.