

<b>Case Number:</b>	CM14-0103108		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/10/2014
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 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 29 year old male who was injured on 04/10/2014 while performing his usual and customary work related duties. Prior medication history included Nabumetone 750 mg, tramadol HCL 50 mg, and acetaminophen 500 mg. On consultative report dated 05/27/2014, the patient presented for an evaluation of his right inguinal hernia that he sustained while at work. The patient reported his inguinal hernia has become painful and more bothersome. He is noted to have bipolar disease. There are no other medical problems or complaints documented. The patient is referred for a sleep study and psychologist as it is mentioned that he has insomnia that may be secondary to stress but there are no subjective complaints indicating the patient has this condition. Prior utilization review dated 06/26/2014 states the request for Sleep Study is not certified as there is no documented evidence of insomnia complaints and no documented failure of lower levels of treatment have failed.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, Pain Chapter (Updated 6/10/14)

**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://sleepfoundation.org/sleep-topics/sleep-studies>

**Decision rationale:** The guidelines state sleep study is supported after six months of insomnia complaints. There should be documentation of ongoing insomnia despite behavioral intervention and sleep promoting medications. The clinical documents did not clearly discuss the duration of insomnia. The documents did not discuss previous conservative therapies that have failed. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.