

<b>Case Number:</b>	CM14-0108703		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Interventional Spine 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 34 year old male with an injury date of 08/01/11. The 07/16/14 treatment report by [REDACTED] states the patient presents with frequent lower back pain with radiation to the bilateral lower extremities that becomes moderate with flexion, extension, left rotation, prolonged sitting and The patient is a 34 years old male with an injury date of 08/01/11. The 07/16/14 treatment report by [REDACTED] states the patient presents with frequent lower back pain with radiation to the bilateral lower extremities that becomes moderate with flexion, extension, left rotation, prolonged sitting and standing. The patient also presents with bilateral knee pain that becomes slight to moderate with prolonged walking and standing. Examination reveals tenderness of the lumbar paraspinals with associated muscle spasm, decreased flexion, Straight leg raise test, tenderness of the bilateral knees and McMurrays test on the right. The patient's diagnoses include:1. R/O lumbar intervertebral disc syndrome2. Lumbar sprain/strain3. R/O bilateral Knee meniscal tear4. Bilateral knee sprain/strainThe utilization review being challenged is dated 06/18/14. The rationale is that the request meets none of 7 ODG criteria for a Polysonogram. Treatment reports were provided from 2009 to September 2014. With the exception of one treatment report, the documentation is dated post utilization review and prior to the injury date. . The patient also presents with bilateral knee pain that becomes slight to moderate with prolonged walking and standing. Examination reveals tenderness of the lumbar paraspinals with associated muscle spasm, decreased flexion, Straight leg raise test, tenderness of the bilateral knees and McMurrays test on the right. The patient's diagnoses include:1. R/O lumbar intervertebral disc syndrome2. Lumbar sprain/strain3. R/O bilateral Knee meniscal tear4. Bilateral knee sprain/strainThe utilization review being challenged is dated 06/18/14. The rationale is that the request meets none of 7 ODG criteria for

a Polysomnogram. Treatment reports were provided from 2009 to September 2014. With the exception of one treatment report, the documentation is dated post utilization review and prior to the injury date.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Polysomnogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

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

**Decision rationale:** The patient presents with frequent lower back pain radiating to the bilateral lower extremities and bilateral knee pain. The treater requests for a Polysomnogram. Almost all of the recent reports provided are dated after the 06/18/14 utilization review. ODG guidelines have the following regarding sleep studies: "Recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded." ODG also requires documentation of cataplexy, morning headache, personality change and insomnia complaints of at least 6 months for polysomnogram testing. Review of the reports show no discussion of insomnia or other requirements listed by ODG. Therefore, the request is not medically necessary.

**CPAP Titration:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

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

**Decision rationale:** The patient presents with frequent lower back pain radiating to the bilateral lower extremities and bilateral knee pain. The treater requests for a CPAP Titration. Almost all of the recent reports provided are dated after the 06/18/14 utilization review. ODG states the following under the Pain (Chronic) section regarding CPAP treatment regarding Polysomnography, "However, home portable monitor testing is increasingly being used to diagnose patients with obstructive sleep apnea (OSA) and to initiate them on continuous positive airway pressure (CPAP) treatment, and the latest evidence indicates that functional outcome and treatment adherence in patients evaluated according to a home testing algorithm is not clinically inferior to that in patients receiving standard in-laboratory polysomnography." In this case, there is no diagnosis or discussion of insomnia in the treatment report provided that is dated prior to

the 06/18/14 utilization review date and after the 08/01/11 injury that sufficiently documents a Polysonogram for this patient. Therefore, the request is not medically necessary.