

<b>Case Number:</b>	CM14-0010115		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/20/2013
<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 Neurology and is licensed to practice in Texas. 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 44 year old male who reported difficulty maintaining sleep hygiene. The clinical note dated 09/06/13 indicates the initial injury occurred on 06/04/13 when he drove a forklift into the back of a trailer when a coworker drove the tractor trailer away from the dock. The injured worker struck the edge of the dock and then fell out onto the dock with the blades and a pallet. The injured worker struck the concrete ground and fell approximately 6-7 feet. The injured worker stated he fell on his left side injuring his left leg. Additionally, the injured worker was stabbed by a piece of the forklift into his right lateral thigh. There was also an indication of a crush injury of the left lower leg. The injured worker was immediately transported to a local hospital where he underwent an evaluation and was subsequently hospitalized. The injured worker underwent repairs for a left foot fracture as well as suturing at the right lateral thigh. The injured worker subsequently developed head pain with disorientation, a light headed and dizziness. The injured worker also reported neck pain, mid back pain, and low back pain. The injured worker underwent a 40 day inpatient hospitalization. The injured worker was discharged with the use of a wheelchair for mobility purposes. The injured worker reported ongoing pain. The note indicates the injured worker utilizing numerous medications for pain relief to include Hydrocodone, Percocet, a sleep aid, as well as Benadryl and antibiotics. The injured worker underwent hardware removal at the left foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SLEEP MEDICINE CONSULTATION WITH EVALUATION, OVERNIGHT SLEEP STUDY, NAP STUDY, CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)/ SPLIT TITRATION STUDY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT 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 Chapter, Polysomnography.

**Decision rationale:** According to the Official Disability Guidelines (ODG) Pain Chapter, Polysomnography, the request for a sleep medicine consultation with evaluation, overnight sleep study, nap study, continuous positive airway pressure, with a split titration study is not medically necessary. The documentation indicates the injured worker having undergone a number of surgical procedures at the left lower extremity. A sleep study would be indicated provided the injured worker meets specific criteria to include complaints of excessive daytime somnolence; muscle weakness; morning headaches; intellectual deterioration; personality changes; and ongoing insomnia for at least six months. No information was submitted regarding the injured worker's significant clinical findings related to sleep difficulties. Given that no information was submitted regarding the injured worker's significant clinical findings indicating sleep difficulties, this request is not medically necessary.