

<b>Case Number:</b>	CM14-0017791		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	04/01/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 and 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 case involves a 32 year-old male who was injured on 4/1/12. He has been diagnosed with lumbar disc protrusion, spasm, radiculopathy, sleep disturbance and elevated blood pressure. According to the 1/16/14 chiropractic report from [REDACTED], the patient presents with lowback pain and loss of sleep due to pain. [REDACTED] recommends echocardiogram and EKG for hypertension; medical referral for medications; orthopedic f/u with [REDACTED]; podiatry consult; LINT x6 for the lumbar spine; referral to internal medicine for elevated BP findings and sleep studies. On 1/24/14 UR denied the request for sleep studies.

### 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 ODG-TWC Pain Procedure Summary (Last Updated 1/7/14), Polysomnography

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

**Decision rationale:** ODG guidelines for sleep studies state: "Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week)," According to the 1/16/14 chiropractic report from [REDACTED], the patient presents with lowback pain and loss of sleep due to pain. [REDACTED] has not discussed any of the indications for a sleep study. The records show the patient did see a sleep specialist, [REDACTED], on 10/24/13, and the Epworth Sleepiness scale was scored at 8/24, which is not consistent with excessive daytime somnolence. Based on the information provided, the patient does not meet the ODG criteria for a sleep study and therefore the request is not medically necessary.