

<b>Case Number:</b>	CM14-0118557		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 New York. 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 claimant is a 36 year old male who sustained an industrial injury on 11/14/2013. He fell from a seven-foot tall scaffolding onto his right side. He sustained fractures of the right ribs, mandible and a right anterior temporal subdural hematoma. His diagnoses to date include neck pain, chronic jaw pain, headaches, adjustment disorder with anxiety and insomnia related to the adjustment disorder. There was no physical exam provided for review. Treatment has included medication, surgical intervention, and trigger point injections. The treating provider has requested a sleep study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep Study, unattended:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/PainThe Rational Clinical Examination August 21, 2013: Does this patient have Obstructive Sleep Apnea?.

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

**Decision rationale:** There is no documentation provided indicating the claimant requires a sleep study per ODG guidelines. There is no history of excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change ( not secondary to medication, cerebral mass or known psychiatric problems), sleep-related breathing disorder or periodic leg movement disorder suspected or insomnia lasting for at least six months unresponsive to behavior intervention and sedative/sleep-promoting medication and psychiatric etiology has been excluded. There is documentation the claimant has stress and difficulty sleeping due to the use of his oral appliance, but there is no evidence that the claimant has obstructive sleep apnea symptoms such as apnea spells, excessive snoring, and excessive daytime fatigue. Medical necessity for the requested item has not been established. The requested item is not medically necessary.