

<b>Case Number:</b>	CM14-0120836		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/15/2011
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 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 47-year-old male with an injury date of 04/15/11. Based on the 06/17/14 progress report provided by [REDACTED] the patient presents with sleep apnea. Treater states that sleep medication is not working. Sleep medication has not been provided. His other medications include Crestor, Benicar and Metoprolol. Diagnosis on 06/17/14:- sleep apnea- hypertension- left ventricular hypertrophy- status post myocardial infarction [REDACTED] is requesting Polysomnography. The utilization review determination being challenged is dated 06/27/14. The rationale is "limited documentation of signs and symptoms suggestive sleep apnea..." [REDACTED] is the requesting provider and he provided frequent reports from 01/28/14 - 06/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Polysomnography:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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

**Decision rationale:** The patient is status post myocardial infarction and presents with sleep apnea. The request is for Polysomnography. His diagnosis dated 06/17/14 includes sleep apnea, hypertension, and left ventricular hypertrophy. ODG guidelines have the following regarding sleep studies: "ODG Guidelines, Pain (Chronic) chapter, Polysomnography: 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. Criteria for Polysomnography: Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded." Treater states in progress report dated 06/17/14 that sleep medication is not working, however he has not provided the name of the medication. Diagnosis of sleep apnea was given on 06/17/14. The utilization review is dated 06/27/14. There were no sleep related complaints found in previous medical records. ODG requires at least six months of insomnia complaint and unresponsiveness to behavior intervention and sleep medications for polysomnography. The request does not meet guideline criteria. The request is not medically necessary.