

<b>Case Number:</b>	CM14-0139088		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/19/2010
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 and is licensed to practice in Texas and Ohio. 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 53-year-old female who reported an injury on 12/19/2010. The mechanism of injury was not provided. On 08/25/2014, the injured worker presented with neck and low back pain. Upon examination, the injured worker presented with a left wrist and lumbar spine brace. Examination of the cervical spine revealed tenderness to palpation with associated myospasm noted. There was limited range of motion and decreased sensation to the right C5-8 distributions. Examination of the left wrist noted mildly limited ranges of motion and tenderness to palpation with a positive Tinel's. Decreased grip strength noted bilaterally. Examination of the lumbar spine revealed tenderness to palpation with associated myospasm noted, restricted range of motion, and a positive straight leg raise to the left. There was decreased sensation noted to the right L4-5. The diagnoses were cervical sprain and radicular complaints, lumbar strain with radicular complaints, borderline left carpal tunnel syndrome per EMG/NCV dated 10/18/2011, depression and insomnia, and overuse syndrome. The provider recommended a sleep study to evaluate the cause of insomnia. The Request for Authorization form was dated 08/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep study to evaluate the cause of insomnia:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary

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

**Decision rationale:** The Official Disability Guidelines state that a polysomnography, or a sleep study, is recommended after at least a 6 month complaint of insomnia and unresponsive to behavior interventions and sedative/sleep promoting medications and after psychiatric etiology has been excluded. It is not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. The criteria for use of a sleep study or a polysomnography, include excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality changes, sleep related breathing disorder, insomnia complaint for at least 4 nights a week for 6 months with unresponsiveness to behavior interventions and sedative/sleep promoting medications. There is lack of documentation of the severity of the injured worker's insomnia. Additionally, there was lack of documentation on if the injured worker had participated in any behavior interventions or had a psychiatric etiology excluded. As such, medical necessity has not been established.