

<b>Case Number:</b>	CM14-0152491		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	10/19/2009
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 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 injured worker is a 59-year-old male who has submitted a claim for diabetes, sleep disturbances, and hypertension associated with an industrial injury date of October 19, 2009. Medical records from 2012 through 2014 were reviewed, which showed that the injured worker complained of stress, anxiety, depression, sleep disorder and nightmares. The injured worker reported slept approximately 2 hours every night. The injured worker denied any sleep apnea, shortness of breath, dyspnea on exertion and asthma. He denied chest pain, syncope, malignant arrhythmias, palpitations or heart murmur. Cardiac examination revealed a regular rate and rhythm with no rubs or gallops. Lungs were clear on auscultation. Blood pressure was 98/67 and pulse was 77 beats per minute. Examination of the neck revealed elevation in the jugular venous pressures. Treatment to date has included medications (Carvedilol, Amlodipine/Benazepril, Norco, Kadian, Valium, Seroquel, Soma, Cymbalta, Lipitor, Aspirin, Flonalds spray). The injured worker was referred for a formal sleep study with CPAP titration to rule out obstructive sleep apnea. Utilization review from August 21, 2014 denied the request for Polysomnogram CPAP titration & multiple sleeps test arterial & venous vascular study because there was no evidence that the injured worker's sleeping problem was unresponsive to behavior intervention and sedative/sleep promoting medications. There was no evidence that psychiatric etiology had been excluded. There was no evidence of excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration and personality test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Polysomnogram CPAP Titration & Multiple Sleep Test Arterial & Venous Vascular Study:  
Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/ency/article/003433.htm>

**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 AIM Specialty Health Sleep Disorder Management Diagnostic & Treatment Guidelines January 2014

**Decision rationale:** The CA MTUS does not specifically address the request for polysomnogram. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section, was used instead. Official Disability Guidelines state that polysomnography is "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." On the other hand, the AIMS guidelines for treatment with CPAP includes home or lab based sleep study that demonstrates one of the following: AHI (apnea/hypopnea index) greater than or equal to 15 or AHI 5-14 with any of the following: excessive daytime sleepiness, impaired cognition, mood disorders, insomnia, treatment-resistant hypertension (persistent hypertension in a patient taking three or more antihypertensive medications), ischemic heart disease, history of stroke; and determination of CPAP level. In this case, injured worker had sleep disorder and nightmares. The injured worker has stress, anxiety and depression; psychiatric etiology had not been excluded as a cause for the sleep problems. The injured worker does not fulfill the criteria for polysomnography. Therefore, the request for Polysomnogram CPAP Titration & Multiple Sleep Test Arterial & Venous Vascular Study is not medically necessary.