

<b>Case Number:</b>	CM14-0155679		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	12/06/1999
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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. 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:

Medical records reflect the claimant is a 52 year old male who sustained a work injury on 12-6-99. The claimant is status post C5-C6 cervical discectomy and fusion, status post traumatic encephalopathy with memory deficits. Office visit on 7-16-14 notes the claimant has headaches, neck pain, and pain in both arms and dizziness. He has not had any seizure recently. He has not had any seizures recently. The claimant is continued with medications to include Midrin, Buspar, Amitriptyline, and Meclizine. He follows with a psychologist and pain management. He will be seen by a urology. There was a request for epilepsy evaluation with sleep study. Office visit on 9-10-14 notes the claimant has neck and upper extremity neuropathic pain and disruption of sleep architecture secondary to pain. He had a cervical epidural steroid injection on 11-18-13 which provided 70-80% improvement of his radiating pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Sleep Study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**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

**Decision rationale:** ODG notes that polysomnography is recommended for the following: 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) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) 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. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. Medical Records reflect the claimant has not had any seizures recently. There is no indication of intellectual deterioration, cataplexy, personality change, sleep related breathing disorder and there has not been 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. Therefore, the medical necessity of this request has not been established.