

<b>Case Number:</b>	CM14-0160732		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Neurology, has a subspecialty in Pain Management and is licensed to practice in Florida . 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:

On 9/15/14 note indicates psychological evaluation. Sleep study was reported as abnormal from 8/7/14 with no evidence found of significant OSA, periodic leg movements, snoring, or bruxism. 2/7/14 note indicates the insured had headaches for years. Neurologic examination noted as normal. 6/3/14 note indicates sleep disturbance, decreased energy and difficulty thinking. The assessment was major depression and generalized anxiety disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for for consultative medical referral for sleep study, QTY: 1, for the services dates of 8/6/2014 and 8/7/2014:** 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) , Criteria for Polysomnography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) pain, sleep study

**Decision rationale:** ODG guidelines support sleep study 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. The medical records

provided for review indicate difficulty sleeping in association with psychological state, but does not indicate failure of at least 6 months of insomnia complaint. There is no report of abnormal snoring, excessive daytime sleepiness or report of abnormal Epworth sleep score in support of procedure. As such the medical records provided for review do not support medical necessity of study.