

<b>Case Number:</b>	CM14-0168693		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	12/27/2013
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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, has a subspecialty in Interventional Spine 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 30 year old male with an injury date of 12/27/13. The 08/06/14 progress report by [REDACTED] states that the patient presents with constant, moderate throbbing pain of the lumbar spine radiating into the left lower extremity. The patient also presents with inability to sleep due to lower back pain. The patient is wearing a back support and the report states he is temporarily totally disabled. Lumbar examination shows +4 spasm and tenderness to the bilateral lumbar paraspinal muscles for L1 to S1 and multifidus with a trigger point to the left piriformis muscle. Straight leg raise is positive on the left and Yeomans' positive bilaterally, and Braggard's positive left. The L5 dermatome was decreased to light touch on the left and the S1 was decreased on the left. The patient's diagnoses include: Lumbar disc displacement with myelopathy/Sciatica. No medications are listed in the reports provided. The utilization review being challenged is dated 09/23/14. Reports were provided from 03/13/14 to 08/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic 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) Chapter

**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 for the topic of Polysomnography

**Decision rationale:** The ODG guidelines Pain Chapter for the topic of Polysomnography state the following criteria: "Polysomnograms / sleep studies are recommended for the combination of indications listed below: (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." On 04/14/14 ■■■■■ stated, "The patient filled out the Epworth Sleepiness Scale and scored 0 out of a possible 24. A score of 8 and above is considered a positive score and may indicate the need for further study." The reports provided do not show discussion or diagnosis of the above criteria 1-6. As regards criteria 7) Insomnia complaint, sleep problems are first discussed in the reports provided on 04/14/14. There has not been 6 months of documented complaint at least 4 days a week, and there is no documentation that the patient was unresponsive to behavior intervention or medication. Finally, the patient's Epworth scale was 0/24 and it is not known why the physician still would like a sleep study. Therefore, the request is not considered medically necessary.