

<b>Case Number:</b>	CM14-0169712		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Orthopedic Surgery 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:

This 33-year-old female food service worker sustained an industrial injury on 4/23/13. Injury occurred when she dropped a box accidentally and it hit her left knee, causing her to fall and land on her right hip. Injuries were reported to the neck, headaches, both shoulders, both wrists/hands, low back, mid back, both hips, both knees and both feet/ankles. Records indicated on-going psychological care for depression and anxiety. The chiropractic, pain management, internist, and orthopedic progress reports from 3/27/14 through 7/8/14 do not document any specific complaint of insomnia or parameters of sleep dysfunction. The chiropractic progress reports document an on-going diagnosis of loss of sleep. There is no indication in the records that sedative/sleep promoting medications have been trialed and have failed. The 8/22/14 treating physician report cited constant moderate headaches and bilateral shoulder, wrist, and knee pain. Additional complaints included occasional moderate cervicothoracic and left ankle pain. Physical exam documented +3 cervicothoracic, bilateral shoulder, lumbar spine, bilateral dorsal and volar wrist, bilateral anteriomedial knee, and dorsal and lateral left ankle tenderness to palpation. There were positive cervical and lumbar mechanical signs; bilateral supraspinatus press tests, and bilateral McMurray's tests. There was decreased and painful cervicothoracic, lumbar, bilateral shoulder, bilateral wrist, bilateral knee, and left ankle range of motion. The diagnosis included loss of sleep. A sleep study was requested. The 9/19/14 utilization review denied the request for a sleep study as there was no documentation of physical manifestations of sleep deficits or insomnia-related complaints for more than 6 months that have failed to respond to behavioral or pharmacological interventions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (ODG) ; Criteria for Polysomnography

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

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines do not make recommendations relative to sleep studies (Polysomnography). The Official Disability Guidelines recommend Polysomnography 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. Guideline criteria have not been met. There are no specific parameters of sleep dysfunction documented. There is no documentation that a psychiatric etiology of sleep dysfunction has been excluded. There is no evidence that sedative/sleep-promoting medications have been tried and have failed. Therefore, this request is not medically necessary.