

<b>Case Number:</b>	CM14-0170297		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	04/30/2011
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Pain Management 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 39 year old male with an injury date of 04/30/11. Based on the 08/20/14 progress report provided by [REDACTED] the patient complains of neck and low back pain that radiates to his bilateral extremities, worse on the left. Physical examination revealed limited range of motion to the cervical spine, especially on flexion and extension, and decreased range of motion to the lumbar spine. Per 04/12/14 clinical and forensic psychology report by [REDACTED] patient states that Trazodone is helpful for sleep, however still having nightmares. Patient's medications also include Prozac and Prazosin. The injured worker's Diagnostic Studies include the following: - Cervical spine mild degenerative disc disease at C5-6, per CT scan 04/30/11.- Left shoulder, posterior subluxation of the glenohumeral joint with joint effusion; moderate tendinosis of the supraspinatus and infraspinatus tendons; and an anterior subacromial spur which can predispose to impingement, per MRI 08/12/13.- Transverse process fractures, L2 through L4, per CT scan 04/30/11.- Lumbar spine with sacralization of LS, congenitally short pedicles, prominent posterior epidural fat pad, trace spinal stenosis at L2-3 and L3-4, old fracture of the left transverse process of L2, degenerative disc disease at L4-5 with 4 mm disc bulge, mild to moderate facet arthropathy, and mild bilateral neural foraminal narrowing, per MRI 03/17/12.- Sacroiliac joint injury with displacement and right superior and inferior pubic ramus fractures, per x-rays of pelvis, 04/30/11.- Normal EMG/NCV study of the bilateral lower extremities 01/20/12.- Right knee with mild grade 2-3 chondromalacia patella involving the medial patellar facet, and trace increase in joint fluid suggesting the possibility of synovitis, per MRI 01/10/12.- Left knee, nondisplaced oblique tear of the posterior horn of the medial meniscus, per MRI 08/12/13. The injured worker's Diagnosis of 08/20/14 include the following: - Status post 18" foot fall.- Post traumatic head syndrome with Cephalgia.- Cervical sprain/strain.- Bilateral shoulder

sprain/strain.- Bilateral shoulder impingement syndrome.- Left elbow sprain/strain/contusion, resolved.- Bilateral knee sprain/strain.- Sleep difficulty, deferred to appropriate physician.- Stress and anxiety, deferred to appropriate physician. N/A- Gastritis, essentially resolved.- Sexual dysfunction [REDACTED] is requesting Polysomnogram. The utilization review determination being challenged is dated 09/17/14. [REDACTED] is the requesting provider and he provided treatment reports from 04/12/14 - 08/20/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Polysomnogram:** Upheld

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

**Decision rationale:** The patient presents with neck and low back pain that radiates to his bilateral extremities, and sleep difficulty. The request is for Polysomnogram. Patient's diagnosis dated 08/20/14 included post traumatic head syndrome with cephalgia, cervical sprain/strain, stress, anxiety, and sleep difficulty. Patient's medications include Trazodone, Prozac and Prazosin. ODG guidelines have the following regarding sleep studies: "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. Not recommended for ... chronic insomnia, or insomnia associated with psychiatric disorders." For criteria, excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change not due to meds or psyche problems; sleep-related breathing disorder or periodic limb movement disorder is suspect are required. In this case, the treater has not documented number of nights the patient complains of insomnia. Per 04/12/14 clinical and forensic psychology report by [REDACTED], patient states that "Trazodone is helpful for sleep, however still having nightmares." The progress report is dated 5 months from the UR date of 09/17/14. Furthermore, psychiatric etiology has not been excluded in this patient's complaint of insomnia. None of the criteria for sleep studies required by ODG are documented such as daytime somnolence, cataplexy, morning headaches, etc. The request does not meet criteria for sleep study based on ODG guidelines. Therefore, the requested Polysomnogram is not medically necessary.