

<b>Case Number:</b>	CM14-0171793		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	02/29/1996
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Occupational Medicine 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 patient is a 67 y/o female who developed chronic cervical pain subsequent to an injury 2/29/96. Her pain levels are rated between 6-9/10 VAS. A cervical MRI was recently requested due to right arm radiation. No neurological changes are documented. She has multiple other medical diagnoses including pulmonary Disease, Diabetes Type II, cardiac disease and morbid obesity (BMI 41). The records do not differentiate which diagnosis other than the neck is considered directly related to or a derivative of the original injury. The records do not document any sleep difficulties or validated measurements of daytime sleepiness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep Apnea Study:** Upheld

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

**Decision rationale:** MTUS Guidelines do not address the issue of sleep studies. ODG Guidelines specifically address this issue. Guidelines support sleep studies if there are specific

historical factors or medical changes that are indicative of a sleep disorder such as sleep apnea. The requesting physician does not address any of the Guideline qualifying conditions that would support the sleep studies. Under these circumstances the request for sleep studies is not supported by Guidelines and are not medically necessary.