

<b>Case Number:</b>	CM14-0021115		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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:

Medical records from 2013 were reviewed. The latest progress report, dated 12/03/2013, showed the patient did not feel refreshed after a night's sleep about 60% of the time. He yawned a lot. Physical examination revealed pupils were unequal, round, and reactive to light and accommodation at 3mm on the right and 4mm on the left. Primary gaze was normal. The extraocular movements were full to confrontation. There was no nystagmus. Facial sensation was decreased on the left. Masseter strength was intact. There was a glabellar response. Jaw jerk reflex was not present. The palate was midline. Tongue was midline. Gag reflex was present. The sternocleidomastoid and trapezius muscles were strong. There was no sensory deficit or motor weakness. Treatment to date has included left frontotemporoparietal decompressive craniectomy and decompressive craniectomy (September 2011), CPAP (continuous positive airway pressure), acupuncture therapy, and medications. A utilization review from 01/27/2014 denied the request for polysomnogram because the patient should have a sleep study consultation to determine its necessity.

### 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 cite any medical evidence for its decision.

**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 CA MTUS does not specifically address the request for polysomnogram. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section, was used instead. Official Disability Guidelines state that polysomnography is 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. In this case, recent medical reports do not indicate problems regarding sleep. Also, there was no discussion concerning the patient's sleep hygiene or evidence of failure to sleep medications. The medical necessity was not established. Therefore, the request for a polysomnogram is not medically necessary.