

<b>Case Number:</b>	CM14-0024871		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/31/1996
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 53-year-old female who reported an injury on 10/31/1996 due to cumulative trauma while performing normal job duties. The injured worker was evaluated on 01/28/2014. It was documented that the injured worker had fragmented sleep patterns that occasionally caused "foggy" memory patterns. There was no documentation of any non-pharmacological or pharmacological interventions to assist with stabilizing sleep patterns. The injured worker was diagnosed with insomnia and other orthopedic injuries. The injured worker's treatment plan included a trial of Ambien 5 mg and an overnight sleep study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 OVERNIGHT POLYSOMNOGRAM: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The requested 1 overnight polysomnogram is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines recommend that polysomnography for injured workers who have failed to respond to at least six months of pharmacological and

nonpharmacological interventions and all psychological or sleep-related behavioral patterns have been identified. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to any type of pharmacological or nonpharmacological interventions. Additionally, it is noted that within the documentation that the injured worker undergoes psychological stress-related normal job duties. This has not been excluded as a factor contributing to the injured worker's disrupted sleep patterns. As such, the requested overnight polysomnogram is not medically necessary or appropriate.