

<b>Case Number:</b>	CM14-0042588		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	11/04/2009
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 55-year-old male who reported an injury on 11/04/2009. The mechanism of injury was not provided in the medical records. His current diagnoses include post concussion syndrome, obesity, and sleep apnea. His previous treatments include medication and psychotherapy. Within the most recent clinical note dated 08/30/2013, his symptoms were noted to be headaches and sleep disturbance. His physical exam findings were not provided in the clinical note. The treatment plan included a request for a repeat sleep study and for the injured worker to be fitted for an appropriate apparatus so he can be treated for his sleep apnea. The current request is Follow-up Sleep Study- evaluation for CPAP (Continuous Positive Airway Pressure). A Request for Authorization Form was provided on 09/03/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up Sleep Study- evaluation for CPAP (Continuous Positive Airway Pressure):**  
Upheld

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

**Decision rationale:** According to the Official Disability Guidelines, polysomnographies are recommended after at least 6 months of insomnia complaints at least 4 nights a week, unresponsive to behavior intervention and sedative/sleep-promoting medication, and after psychiatric etiology has been excluded. They are not recommended for routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. The clinical documentation provided for review indicated the injured worker had previously undergone a sleep study, resulting in a diagnosis of sleep apnea however; the results were not provided. The guidelines also require documentation to indicate that there should be at least six months of insomnia complaints for four nights a week to support the request. Therefore, due to the lack of documentation to indicate that the injured work has had six months of insomnia complaints for four nights a week the request would not be supported. As such, the request for Follow-up Sleep Study- evaluation for CPAP (Continuous Positive Airway Pressure) is not medically necessary.