

<b>Case Number:</b>	CM14-0048398		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/10/2006
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 and Rehabilitation 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 54-year-old female who reported an injury on 10/10/2006. The mechanism of injury was a fall. On 05/21/2014, the injured worker presented with neck pain, low back pain, and poor sleep quality. Upon examination of the cervical spine, the range of motion was restricted. There was spasm over the paravertebral muscles and tenderness and a tight muscle band noted to the right side. There was tenderness noted to the paravertebral muscles, trapezius and supraspinatus. There was a positive Spurling's to the right upper extremity. Examination of the lumbar spine noted restricted range of motion and tenderness over the sacroiliac spine and paravertebral muscles with hypertonicity and tight muscle band noted bilaterally. Examination of the right shoulder noted restricted range of motion, tenderness with palpation over the acromioclavicular joint and supraspinatus and trapezius. Diagnoses were shoulder pain, elbow pain, spinal lumbar degenerative disc disease, low back pain, and muscle spasm. Prior therapy included injections and medications. The provider recommended a sleep study. The provider's rationale was not provided. Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep Study:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Sleep Study.

**Decision rationale:** The Official Disability Guidelines recommend a polysomnography or sleep study after at least 6 months of an insomnia complaint. There should be unresponsiveness to behavior intervention and sedative sleep promoting medications and after psychiatric etiology has been excluded. It is not recommended for routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Criteria for use of polysomnography include excessive daytime somnolence, cataplexy, morning headache, and intellectual deterioration, personality change, sleep related breathing disorders, and insomnia complaint of at least 6 months with unresponsiveness to behavior intervention and sedative sleep promoting medications and psychiatric etiology has been excluded. There was a lack of evidence that the injured worker was unresponsive to behavior intervention or sedative sleep promoting medications and that psychiatric etiology has been excluded. Additionally, an adequate assessment of the injured worker's insomnia severity has not been addressed. As such, the request is not medically necessary.