

<b>Case Number:</b>	CM14-0049343		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/29/2001
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Minnesota. 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 57 year old male who reported injury to the back, neck and shoulder on 04/29/2001 secondary to a fall off a 16 foot roof. The injured worker complained of constant low back pain that travels to bilateral toes with the left being greater than the right and rates the pain 8-9/10. Physical examination on 01/07/2014 stated that the injured worker had antalgic gait assisted with a cane, chronic sensory loss to the right leg of the lateral posterior aspect of the calf, 4/5 strength in quadriceps, and ankle flexion and extension of the right side, 5/5 strength on left, and decreased patellar reflexes on the right in comparison to the left. The psychological evaluation done on 11/06/2013 stated the injured workers inability sleep was primarily due to pain (possibly opiate medication induced) also nocturia 3 times a night, he had daily headaches, daytime sleepiness and fatigue, anger control problems possibly due to opiates as well, and that he snored. There were no diagnostics submitted for review. The injured worker had diagnoses of post laminectomy syndrome, chronic pain syndrome, and chronic radiculopathy involving more of the right than the left lower extremity, opiate and alcohol dependency. He had past treatments of physical therapy, epidural injection, oral pain medications and a voluntary stay at ██████████ Hospital for detoxification from opioid medications. His medications were oxycontin 80 mg three times a day and sometime he would take four, valium, and norco 10/325 mg sometimes 10 pills a day. After detoxing he was placed on suboxone 16mg daily and tramadol. The treatment plan is for sleep study-r/o sleep apnea. The request for authorization form was not submitted for review. There is no rationale for the request for sleep study-r/o sleep apnea.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Sleep Study - R/O Sleep Apnea: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and the AMA Guides (5th Ed).

**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 ODG, the indications for polysomnograms/sleep studies are that there is excessive daytime somnolence, cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy), morning headache, intellectual deterioration (sudden, without suspicion of organic dementia), personality change (not secondary to medication, cerebral mass or known psychiatric problems), sleep-related breathing disorder or periodic limb movement disorder is suspected, and insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. The psychological evaluation done on 11/06/2013 stated the injured worker's sleep inability was primarily due to pain (possibly opiate medication induced) also nocturia 3 times a night. He had daily headaches, daytime sleepiness and fatigue, anger control problems possibly due to opiates as well, and that he snored. There is no documentation that clearly addresses any of the above indications. His psychological evaluation was relatively normal with most of his problems resulting from his pain. As such, the request is not medically necessary and appropriate.