

<b>Case Number:</b>	CM14-0051146		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 sustained cumulative trauma to her bilateral upper extremities on 01/11/13 while performing her usual and customary duties as an assistant office manager. The injured worker stated she began to develop bilateral shoulder pain and bilateral wrist pain and neck pain. The injured worker indicated that since 05/24/10 she had been experiencing stress, strain, and pressure at work due to performing prolonged work duties including writing, keyboarding, answering phone calls, and doing office work activities. The patient underwent neurological testing on 01/07/14 that revealed no electrical evidence of bilateral carpal tunnel syndrome or ulnar neuropathy of the cubital or Guyon's canal bilaterally or generalized peripheral neuropathy affecting the bilateral upper extremities. Clinical note dated 03/18/14 reported that the injured worker presented to the clinic with chief complaint of pre-diabetes mellitus, hypertension, gastrointestinal issues, and sleep disturbance. The injured worker also complained of abdominal pain rated 6-7/10 on the visual analog scale. Morbidity: 5'5 191 pounds. Physical examination noted abdomen soft; no other significant findings. The injured worker was diagnosed with sleep order rule out obstructive sleep apnea and request for sleep study with continuous positive airway pressure (CPAP) titration was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep study with continuous positive airway pressure (CPAP) titration:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, 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 chapter, Polysomnography.

**Decision rationale:** The request for sleep study with CPAP (continuous positive airway pressure) titration is not medically necessary. Previous request was denied on the basis that the medical file does not document the duration of the insomnia complaints, nor is there documentation of use of behavioral intervention or trial of sedative/sleep promoting medications. There was documentation that a psychiatric etiology for the insomnia has been ruled out. The Official Disability Guidelines state that there must be complaints of insomnia for at least six months; injured worker must be unresponsive to behavioral intervention and sedative/sleep promoting medications with psychiatric etiology being excluded. A sleep study for the whole complaint of snoring, without one of the above mentioned symptoms, is not recommended. Given this, the request for sleep study with CPAP (continuous positive airway pressure) titration is not indicated as medically necessary.