

<b>Case Number:</b>	CM14-0053077		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/30/2008
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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, has a subspecialty in Interventional Spine, and is licensed to practice in Pain Management. 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 patient is a 60 year old with an injury date on 10/30/08. Patient complains of increased lumbar pain, increased cervical pain with radiation into left upper extremity and 1st, 2nd, and 3rd digits with numbness/tingling per 3/5/14 report. Patient also has sleep disturbance and anxiety/depression as well as GERD due to chronic medication use per 3/5/14 report. Based on the 3/5/14 progress report provided by the treating physician, the diagnosis is bursitis, shoulder. Objective findings in the provided reports were not included. Patient's treatment history includes medication. The treating physician is requesting sleep study PR2 3/4/14 Qty: 1. The utilization review determination being challenged is dated 3/21/14. The requesting physician provided treatment reports from 12/23/13 to 3/5/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SLEEP STUDY PR2 3-4 14 QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN (CHRONIC), 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:** This patient presents with lower back pain, neck pain, left hand/finger pain. The treater has asked for sleep study PR2 3/4/14 Qty: 1 on 3/5/14. Regarding polysomnography, ODG states recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. In this case, the patient does present with "sleep disturbance," but it has not been documented for more than 6 months. There is no documentation of daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change or sleep-related breathing disorder. The requesting PR-2 dated 3/5/14 mentions a psychiatric evaluation in the treatment plan, but there is no documentation that a psychiatric etiology has been excluded. The requested sleep study is not indicated for this patient's condition. Recommendation is for denial.