

<b>Case Number:</b>	CM14-0067614		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Family Practice 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:

This is a 32 year old male claimant sustained a work related injury involving the neck, shoulders and back . She has a diagnosis of strain, muscle spasms, cervical radiculopathy, shoulder strain, thoracic strain, TMJ dysfunction, sleep disorder, anxiety and panic disorder. A progress note on April 21, 2014 indicated the claimant was seen by psychologist previously was diagnosed with depressive disorder and just as well. She has been taking Klonopin, Fluoxetine, Wellbutrin, Dapson, Restoril, and topical lidocaine. She has been recently released from our work and was undergoing increased anxiety and stress. She complained of difficulty sleeping and nightmares. The claimant was grinding her teeth which contributed to trouble staying asleep. Her psychologist recommended a sleep study.

### 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-Pain Chapter, Polysomnography.

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

**Decision rationale:** The ACOEM and MTUS guidelines do not comment on sleep studies. According to the ODG guidelines, a sleep study is 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. In this case, there is no indication of behavior intervention documented. In addition, the claimant has a reason for sleep disorder due to her anxiety and recently losing her job. In addition, her TMJ likely contributed to teeth grinding and sleep disorder. The sleep study is not medically necessary.