

<b>Case Number:</b>	CM14-0068990		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Internal Medicine 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 33-year-old female who was injured on 11/16/2012 when she slipped and fell while trying to hook trailer to truck. She sustained injury to her neck, shoulders, and lower back. Treatment history includes medications. A progress report 10/09/2013 indicates the patient presented with pain in upper back, lower back, bilateral shoulders, and left knee and rated 8/10 on a 0-10 pain scale. The patient also complained of depression, anxiety and difficulty sleeping. On physical exam, there was no cervical spine tenderness or myospasm noted. There was positive tenderness to palpation at T1-2 and T8-9 with myospasm. Thoracic spine range of motion: Flexion 40, extension 30, right rotation 20, and left rotation 20. There was lumbar spine tenderness at L4-5 with myospasm over paraspinal muscle. Straight leg raising (SLR) was negative bilaterally. Heel/toe walk was not intact. Range of motion of the lumbar spine with moderate pain with flexion 20, extension 10, right lateral bending 10, left lateral bending 15, right rotation 10, and left rotation 15. Strength was 5/5 bilaterally. Gross sensation was intact bilaterally. She was diagnosed with lumbar spine sprain/strain, lumbago, thoracic spine sprain/strain, stress, and insomnia secondary to pain and stress. An UR dated 04/14/2014 indicates that the request for sleep disorder breathing respiratory (SDBR) is denied because the records reviewed do not contain adequate details regarding sleep disturbances. It is unclear why a chiropractor would be ordering this test without prior evaluation by an appropriate sleep specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep Disorder Breathing Respiratory ("SDBR") including overnight Pulse Oximetry and Nasal Function Studies:** Upheld

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

**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:** The Official Disability Guidelines (ODG) state polysomnography can be considered when specific criteria are met. The criteria state insomnia should be present for 6 months and unresponsive to behavior modifications and sleep promoting agents. The clinical documents provided did not sufficiently discuss the patient's insomnia. The documents did not show the patient has failed conservative therapy and psychiatric etiology has been excluded. Further, some of the clinical documents provided were handwritten and illegible. Based on the guidelines and clinical documents provided the request is not medically necessary.