

<b>Case Number:</b>	CM14-0072471		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/31/2014
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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:

39 yr. old male claimant sustained a cumulative orthopedic injury from 11-96-1/2014. A progress note on 4/10/14 indicated the claimant had hypertension, difficulty sleeping, headaches and weight gain from 120 prior to the injury to 211 lbs. currently. Exam findings were unremarkable. The physician ordered labs, chest-x-rays, EKG, echo, and a sleep study to evaluate for a sleep disorder with possible sleep apnea.

### 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 ODG-TWC

**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:** According to the ODG guidelines, a sleep study is recommended for recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change

(not secondary to medication, cerebral mass or known psychiatric problems); & (6) 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. In this case, other causes of sleep disturbance and headache were not ruled out. The claimant's complaints were not consistent with the indications above nor were there a note of at least 6 months of insomnia. The request for a sleep study is not medically necessary.