

<b>Case Number:</b>	CM14-0074226		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/28/2010
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 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 57 year old female who sustained an injury on 11/28/10 when she fell sustaining an injury to the neck and low back. Prior treatment has included the use of chiropractic therapy as well as acupuncture treatment. The injured worker did have prior epidural steroid injections completed in March of 2014 which did provide up to 90% relief of symptoms in the lower extremities. Medications have included the use of Norco. As of 04/09/14, the injured worker had continuing complaints of low back pain. The injured worker had been recommended for medial branch blocks followed by possible facet rhizotomy procedures. The injured worker was recommended to continue with the use of an electrical stimulation unit as well as medications. No specific physical examination findings were noted. The requested sleep study was denied by utilization review on 05/14/14.

### 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(The Official Disability Guidelines), Pain (Chronic) Sleep StudyAMA Guides (5th ed), Sleep disorder claims pgs. 3-17.

**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:** In regards to the requested sleep study, this reviewer would not have recommended this request as medically necessary. There is no specific rationale in the clinical records provided for review regarding the use of a sleep study or how this study would help define the injured worker's treatment for an almost 4 year old injury. The last evaluation from 04/09/14 did not specifically discuss a sleep study. Given the paucity of information regarding the requested sleep study, this request would not be considered as medically necessary and appropriate.