

Case Number:	CM14-0077889		
Date Assigned:	07/18/2014	Date of Injury:	11/05/2011
Decision Date:	08/25/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/13/2014

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 District of Columbia and Virginia. 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 year old patient who sustained injury on Nov 5 2011. The patient had issues with headaches and sharp neck pain as well as neck pain. The patient was diagnosed with lumbar radiculopathy, cervical radiculopathy , disruption of sleep-wake cycle, sleep disturbance. It was prescribed that the patient have sleep study. The patient had loss of sleep due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP DISORDERED BREATHING STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINESPAIN, 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 Other Medical Treatment Guideline or Medical Evidence:
<http://www.ncbi.nlm.nih.gov/pubmed/9302725>.

Decision rationale: Per ODG, sleep studies are recommened for the combination of indications as below:excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality changed, sleep-related breathing disorder or periodic limb movement disorder is

suspecte, insomnia complaint for at least six months. A sleep study for the sole complaint of snoring without one of the above mentioned syndromes is not recommended. Per the Board of Directors of the American Sleep Disorders Association, provide recommendations for the practice of sleep medicine in North America regarding the indications for polysomnography in the diagnosis of sleep disorders. Diagnostic categories that are considered include the following: sleep-related breathing disorders; neuromuscular disorders and sleep-related symptoms; chronic lung disease; narcolepsy; parasomnias; sleep-related epilepsy; restless legs syndrome; periodic limb movement disorder; depression with insomnia; and circadian rhythm sleep disorders. Per the guidelines cited, the patient does not need this testing performed and therefore the request is not medically necessary.