

<b>Case Number:</b>	CM14-0095254		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 57-year-old male claimant who sustained a work-related injury on August 20, 2012 where he had inhaled smoke. He had chronic bronchospasms and cough and was diagnosed with toxic effects petroleum products. A progress note on May 30, 2014 indicated the claimant had been on Mucinex, Spiriva, Nasonex and Symbicort for his pulmonary symptoms. Physical findings included in oxygen saturation of 98%. He was noted to have bilateral wheezing /rhonchi in his lungs with a barking cough. On review systems it was noted that his breathing was better when use active and worse while relaxing. His vitals were unremarkable and his BMI was noted to be approximately 27.7. He was referred for a sleep study for sleep apnea evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep apnea/polysomnography:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Pain Procedure Summary.

**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 was no mention of daytime sleepiness, morning, personality changes or insomnia for six months. There was no mention of snoring. A prior evaluation by ENT had shown nasal polyps and he was treated for sinusitis. Since he does not have symptoms of sleep apnea, the request for a sleep study is not medically necessary.