

<b>Case Number:</b>	CM14-0098353		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/27/2007
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	06/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and upper extremity pain reportedly associated with an industrial injury of June 27, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and epidural steroid injection therapy. In a Utilization Review Report dated June 5, 2014, the claims administrator denied a request for a sleep study. In a May 19, 2014 progress note, the applicant reported ongoing complaints of neck pain radiating to the left upper extremity. The applicant apparently had issues with daytime somnolence. The applicant apparently fell asleep in the classroom setting. The applicant is attending school. Norco, Flexeril, and Biofreeze gel were endorsed. Sleep study was sought on the grounds that the applicant had issues with somnolence, which required further investigation. In a September 17, 2014 progress note, the applicant reported ongoing complaints of neck and bilateral upper extremity pain. It was stated that the applicant was going to school fulltime and active in her church. Work restrictions, Percocet, and Norco were endorsed. In a July 23, 2014 progress note, the applicant reported ongoing complaints of neck and bilateral upper extremity pain. The applicant was apparently having ancillary issues with psychological stress, it was stated, for which a psychiatric consultation and associated evaluation testing were sought. Work restrictions were endorsed while medications were refilled. In a medical-legal evaluation of May 14, 2014, the medical-legal evaluator noted that the applicant's interrupted sleep was predominantly a function of neck pain.

### 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 Official Disability Guidelines (ODG) Polysomnography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults.

**Decision rationale:** The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), Polysomnography (Aka a sleep study) is not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric and/or neuropsychiatric disorders. Here, the applicant does, in fact, have issues with psychological stress-induced insomnia, the attending provider has posited, and chronic pain-induced insomnia, the applicant's medical-evaluator has noted. A sleep study would be of no benefit in establishing the presence or absence of pain-induced or depression-induced insomnia, per AASM. While AASM does acknowledge that Polysomnography is indicated when there is reasonable clinical suspicion of breathing disorder or movement disorder, when the diagnosis is uncertain, when treatments fail, and/or when percipient arousals occur with violent or injurious behavior, in this case, however, the attending provider did not furnish much in the way of the clinical support for suspicion of bona fide sleep disorder such as obstructive sleep apnea, narcolepsy, cataplexy, etc. The applicant's height, weight, BMI, neck circumference, and other parameters which might be suggestive of sleep apnea were not assessed. An Epworth Sleepiness survey was not administered. Therefore, the request is not medically necessary.