

<b>Case Number:</b>	CM14-0176650		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	06/17/1995
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Florida  
 Certification(s)/Specialty: Neurology, Pain Management

### 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 58-year-old female with an industrial injury dated 06-17-1995. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain, myalgia and myositis, depressive disorder and abnormal weight gain. According to the progress note, dated 09-11-2014 subjective complaints included continued pain in her leg and back with no sleep complaints. Objective findings (09-11-2014) revealed inability to fully extend her elbow, crepitus in the knee and pain to palpitation over the patella. The treating physician reported that they are "waiting for response to sleep apnea study as I believe it is an important part of understanding her ongoing problems, as well as the [REDACTED] program." Treatment has included Gabapentin 300mg capsules and periodic follow up visits. The utilization review dated 10-01-2014, non-certified the request for sleep study, for diagnosis of sleep apnea due to abnormal weight gain, related to lumbar spine disorder as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Sleep study, for diagnosis of sleep apnea due to abnormal weight gain, related to lumbar spine disorder as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, sleep study.

**Decision rationale:** ODG guidelines support sleep study 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. The medical records provided for review indicate no sleeping complaints and does not indicate failure of at least 6 months of insomnia complaint. There is no report of abnormal snoring, excessive daytime sleepiness or report of abnormal Epworth sleep score in support of procedure. As such, the medical records provided for review do not support medical necessity of study.