

<b>Case Number:</b>	CM14-0205365		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	04/18/1991
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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:

This is a 61-year-old male with a 4/18/91 date of injury. According to a progress report dated 12/8/14, the patient complained of pain located in the lower back described as burning and radiated down the left leg. The severity of the pain without pain medications was a 10/10 and with medications was a 5/10. According to a progress report dated 11/19/14, the patient reported no cessation of breathing while asleep, no waking due to SOB/gasping, no excessive sleepiness during the day, no snoring, no kick or leg jerks while sleeping, no morning headaches, and no trouble falling asleep. He reported nodding off while driving, weight gain and difficulty with weight loss, high blood pressure, burning/tingling in legs, and trouble staying asleep. The provider indicated that he showed signs of OSA, with nodding off while driving, weight gain, high blood pressure, and insomnia, and has requested a sleep study to rule out OSA> Objective findings: abnormal lumbar spine range of motion with pain, no tenderness to palpation over the bilateral lumbar paraspinals or thoracic paraspinals, tenderness to palpation over the lumbar facet joints. Diagnostic impression: chronic pain syndrome, peripheral neuropathy, postlaminectomy syndrome, myalgia and myositis, hypertension, insomnia. Treatment to date: medication management, activity modification, SCS trial, ESIs, physical therapy, chiropractic treatment, trigger point injections, and acupuncture. A UR decision dated 11/26/14 denied the request for home sleep test for 2 nights. A home sleep test was ordered to "rule-out OSA". ODG recommends a sleep study when a sleep-related breathing disorder is suspected, however, there was no clear rationale regarding the need for two nights study. There was no noted cessation of breathing while sleeping, no shortness of breath on waking, no excessive sleepiness, no snoring, no kick of jerk legs while sleeping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home sleep test for 2 nights:** 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); Online Edition, Chapter Pain, Polysomnography

**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:** CA MTUS does not address this issue. ODG criteria for polysomnography include: Excessive daytime somnolence; Cataplexy; Morning headache; Intellectual deterioration; Personality change; & Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In addition, a sleep study for the sole complaint of snoring, without one of the above-mentioned symptoms, is not recommended. However, in the present case, there is no documentation regarding the duration the patient has had insomnia or his other sleep complaints. There is also no documentation that the provider has addressed non-pharmacologic methods or education for his sleep disturbances, such as proper sleep hygiene. In addition, there is no documentation regarding a trial and failure with sleep medications. Therefore, the request for home sleep test for 2 nights was not medically necessary.