

<b>Case Number:</b>	CM14-0206692		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	05/12/2007
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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:

35 yr. old female claimant sustained a work injury on 5/12/07 involving the low back. She was diagnosed with lumbar disc disease with radiculopathy and sleep apnea. A progress note on 10/28/14 indicated the claimant had low back pain. She had previously been exercising 3 times per week. Her sleep is disturbed 2 times per night. Examination shows she is 5'9" and weighs 277 lbs. A request was made for a sleep study to evaluate for CPAP and part of her disability. She had a previous sleep study diagnosing her with sleep apnea but apparently the second portion for CPAP fitting was not performed.

### 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) Pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sleep Study /Polysomnography.

**Decision rationale:** 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. Criteria for a sleep study include: (1) Excessive daytime somnolence (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) 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 this case, the claimant had a sleep study. The guidelines do not indicate that a CPAP fitting is part of a sleep study. There is no reasoning behind a full sleep study to fit for a CPAP. The request for a sleep study is not medically necessary.