

<b>Case Number:</b>	CM14-0022698		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/18/2011
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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. The expert reviewer is Board Certified in Physical Medicine Rehab 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 31 year old female who suffered an industrial related injury on 3/18/11 after boxes fell on her. A physician's report dated 11/20/11 noted the injured worker last worked in May of 2011. The physician noted the injured worker received physical therapy, acupuncture, and chiropractic treatments. An arthroscopic/ distal clavicle resection was performed on 11/6/12. On 3/18/11 the injured worker had complaints of headaches, tingling in her left hand, neck pain that radiates to the left shoulder, and a burning sensation of the left shoulder. The injured worker also had complaints of stomach pain, heartburn, bloating, nausea, and cramps after taking medications. A physician's report dated 12/6/13 noted diagnoses of cervical musculoligamentous strain/sprain, thoracic musculoligamentous strain/sprain, mild left carpal tunnel syndrome, left upper extremity contusion/sprain/strain, and right shoulder sprain with impingement and possible derangement. The treating physician noted the injured worker usually gets up tired and exhausted in the morning with severe pain and aches. On 2/19/14 the utilization review (UR) physician denied the request for a sleep study. The UR physician noted the request for a sleep study is not supported as the medical records provided do not reveal that the insomnia complaints have lasted for at least six months. The records also do not indicate the insomnia is unresponsive to behavior intervention and sedative/sleep promoting medications and that psychiatric etiology had been excluded.

### 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 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, Polysomnography.

**Decision rationale:** The patient presents with pain affecting the head, neck and left shoulder. The current request is for a Sleep Study. The treating physician report dated 2/4/14 does not provide a reasoning for the request. According to the "Request for Authorization for Medical Treatment (DWC Form RFA)" the request for a sleep study is due to the patient's insomnia. The MTUS guidelines do not address the request for a sleep study. ODG guidelines for the topic of Polysomnography state the following criteria:" Polysomnograms / sleep studies are recommended for the combination of indications listed below: (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) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) 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. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended."In this case, the treating physician report dated 2/5/14 notes that the patient was diagnosed with symptoms that are common with sleep deprivation including: depression, emotional problems, headaches, memory loss, and concentration difficulties. There is no documentation provided that indicates the patient has experienced Insomnia for at least six months nor is there any mention of excessive daytime somnolence, cataplexy or any sleep-related breathing disorder. The current request for a sleep study does not satisfy the guidelines for Polysomnography set forth by the ODG. The request is not medically necessary.