

<b>Case Number:</b>	CM15-0004030		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	08/01/2010
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53-year-old female who reported an injury on 08/01/2010, due to an unspecified mechanism of injury. She reported pain in the neck, mid, and low back and left shoulder. She stated that she also had stiffness in the neck with popping, clicking, and grinding, which radiated into the left arm and shoulder. A physical examination showed that she had a normal gait with no limp. There was slight tenderness to the lumbar paravertebral muscles of the lumbar spine, decreased range of motion with increased low back pain, and negative straight leg raise at 50 degrees. Provocative testing was noted to be negative throughout. Motor strength was 5/5 throughout, and sensation was intact. She was diagnosed with cervical spine myoligamentous sprain and strain, cervical degenerative disc disease, lumbar shoulder strain, lumbar spine myoligamentous strain and sprain, and lumbar degenerative disc disease. The treatment plan was for an outpatient overnight polysomnogram. The rationale for the treatment requested was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient overnight polysomnogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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 Official Disability Guidelines indicate that polysomnogram is recommended after at least 6 months of complaints of insomnia that is unresponsive to behavior intervention and sedative sleep enhancing medications, and after psychiatric etiology has been excluded. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar, cervical spine, and upper extremities. However, there was a lack of documentation showing that she has reported at least 6 months of insomnia to support the request for polysomnography. Without a clear rationale for the medical necessity of a polysomnogram, the request would not be supported. As such, the request is not medically necessary.