

<b>Case Number:</b>	CM15-0106415		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 39 year old male, who sustained an industrial/work injury on 1/13/12. He reported initial complaints of left lower abdomen, hip, groin, coccyx, and back pain. The injured worker was diagnosed as having neck sprain, lumbar disc displacement without myelopathy, and thoracic sprain/strain, abdominal pain, psychogenic depression, and generalized anxiety disorder. Treatment to date has included medication, physical therapy, ortho spine consult, neurology consult, diagnostics, steroid injection, and surgery ( left shoulder debridement and partial thickness rotator cuff tear, and subacromial decompression). MRI results were reported on numerous dates for the cervical spine, left shoulder, left hip, lumbar spine, thoracic spine. Currently, the injured worker complains of chronic low back pain, left shoulder pain, and left hip pain. There are also complaints of dizziness and headaches. Per the pain and rehabilitation physician's report on 4/20/15, exam revealed no evidence of sedation, antalgic gait, and alert and oriented. Current plan of care included home exercises, surgical consult if needed, therapy, and refill of medications. The requested treatments include a sleep study.

### 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:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-405.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine: Polysomnography.

**Decision rationale:** Sleep Study is not medically necessary. CA MTUS does not make a statement on this. The American Academy of Sleep Medicine (AASM), states that polysomnography is indicated in patients who have an established diagnosis of insomnia for six months and in whom treatment fails. The medical record do not make mention of chronic insomnia. There is no documentation of treatment failure or an inadequate previous study; therefore, the requested therapy is not medically necessary.