

<b>Case Number:</b>	CM15-0107889		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	03/27/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 53 year old male with a March 27, 2014 date of injury. A progress note dated May 1, 2015 documents subjective findings (neck, head, shoulder, back and knee pain rated at a level of 6-9/10; radiating pain; difficulty sleeping; stopping breathing while sleeping), objective findings (eyes frequently closed due to sensitivity to light; moves slowly and carefully; neck and back with decreased painful range of motion; walks with a cane and an antalgic gait; pitting edema to the proximal shin bilaterally), and current diagnoses (status post fall with multiple trauma; head injury and intracranial hemorrhage; cervical sprain/strain and aggravation of cervical degenerative disc disease; cervical brachial myofascial pain syndrome; bilateral shoulder myofascial pain and adhesive capsulitis; lumbar sprain/strain and myofascial pain; right knee sprain/strain with aggravation of degenerative joint disease and meniscal tear; left knee sprain/strain; chronic pain syndrome). Treatments to date have included medications, chiropractic treatments, cognitive behavioral therapy, imaging studies, electromyogram of the right upper extremity, physical therapy, and speech therapy. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included 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 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Pain, Mental Illness & Stress.

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

**Decision rationale:** This 53 year old male has complained of neck pain, shoulder pain, back pain and sleeping difficulty since date of injury 3/27/14. He has been treated with chiropractic therapy, cognitive behavioral therapy and medications. The current request is for a sleep study. Per the ODG guidelines cited above, a sleep study is recommended only after six months of complaint of insomnia with symptoms being present for greater than or equal to 4 nights per week, that is unresponsive to behavioral interventions and sleep promoting medications and exclusion of psychiatric conditions. There is no such documentation of symptoms or evaluation present in the available medical records. On the basis of the ODG guidelines and medical documentation available, sleep study is not indicated as medically necessary in this patient.