

<b>Case Number:</b>	CM15-0195290		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	12/15/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, 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:

This is a 51 year old male with a date of injury of December 15, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for closed head injury with post-concussion symptoms of headache and tinnitus, cervicalgia with left upper extremity weakness and sensory loss, and cervical degenerative disc disease with mild left foraminal stenosis. An evaluation dated February 26, 2015 noted complaints of sleep difficulties due to ringing in the ears, with a history of sleep apnea and treatment with continuous positive airway pressure that was discontinued after weight loss. A recommendation was made on that date for the injured worker to undergo a sleep study to determine the cause of the sleep disturbance. Medical records dated July 6, 2015 indicate that the injured worker complained of neck pain rated at a level of 9 out of 10 and 7 out of 10 with medications, increasing numbness and weakness, and mid back pain rate at a level of 9 out of 10 and 8 out of 10 with medications. A progress note dated August 11, 2015 documented complaints similar to those reported on July 6, 2015. The physical exam dated July 6, 2015 reveals tenderness to palpation over the left cervicothoracic paraspinal junction, decreased sensation over the left C5 and C7 dermatome distributions, decreased range of motion of the cervical spine with pain, decreased strength of the left upper extremity, and relief of symptoms with cervical distraction. The progress note dated August 11, 2015 documented a physical examination that showed no changes since the examination performed on July 6, 2015. Treatment has included physical therapy, acupuncture, and medications (Anaprox and Fexmid). The original utilization review (September 21, 2015) non-certified a request for 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter (updated 09/08/15) - Online Version, Polysomnography (Sleep Study).

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

**Decision rationale:** An evaluation dated February 26, 2015 noted complaints of sleep difficulties due to ringing in the ears, with a history of sleep apnea and treatment with continuous positive airway pressure that was discontinued after weight loss. A recommendation was made on that date for the injured worker to undergo a sleep study to determine the cause of the sleep disturbance. ODG guidelines support sleep study 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. The medical records provided for review indicate difficulty sleeping in association with psychological state, but does not indicate failure of at least 6 months of insomnia complaint. There is no report of abnormal snoring, excessive daytime sleepiness or report of abnormal Epworth sleep score in support of procedure. As such the medical records provided for review do not support medical necessity of study.