

<b>Case Number:</b>	CM15-0020437		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 45 year old male sustained an industrial injury on 2/1/13, with a head injury and loss of consciousness. The injured worker complained of ongoing headaches, left leg pain and low back pain. Magnetic resonance imaging lumbar spine (12/15/13) showed disc bulge causing stenosis of the spinal canal and bilateral neural foramen. In a Qualified Medical Evaluation (QME) dated 11/15/14, the injured worker complained of ongoing head pain, sleep impairment associated with agitation and difficulty with concentration. The QME noted that the injured worker had symptoms suggestive of sleep apnea including weight 220 pounds, snoring and daytime fatigue. In a PR-2 dated 11/13/14, the injured worker complained of moderate, intermittent pain to the left leg and lumbar spine. Current diagnoses included lumbar intervertebral disc displacement without myelopathy and lumbar sprain/strain. The treatment plan included a neurology referral, an Ear, Nose and Throat evaluation, a psychiatry evaluation and a sleep study. On 1/19/15, Utilization Review noncertified a request for a sleep study noting lack of documentation regarding the need for a sleep study. No guidelines were cited. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### 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 Pain (Chronic) Polysomnography

**Decision rationale:** The injured worker has a history of head injury and loss of consciousness with ongoing headaches, left leg pain and low back pain. The MTUS guidelines do not specifically address polysomnography, but ODG has specific criteria that include excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change and insomnia for at least six months duration. In particular, the symptoms must be unresponsive to behavioral intervention, not due to sedative medications, and no psychiatric causation. The injured worker has had long standing sleep impairment with daytime fatigue, snoring, and waking with choking sensation since his injury; however, the Qualified Medical Evaluation, 11/15/14, identified that he had a prior diagnosis of sleep apnea (non-industrial), is currently taking sedative medications, and has had psychiatric complaints. Based on the clinical information reviewed, the request for polysomnography is not medically necessary.