

<b>Case Number:</b>	CM15-0037699		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	12/28/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 35-year-old male who reported an injury on 12/28/2011. The mechanism of injury involved a fall. The current diagnosis is obstructive sleep apnea. A letter of medical necessity was submitted on 11/21/2014 indicating that the injured worker had been treated with individual psychotherapy related to his case. It was clear that the injured worker's level of anxiety and depressive symptomatology resulted from an inability to gain a sufficient amount of rest. The provider indicated that the injured worker was a candidate for overnight sleep study as he may benefit from this type of evaluation and feedback. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (ODG), pain, criteria for polysomnography.

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

**Decision rationale:** The Official Disability Guidelines recommend a polysomnography for the combination of indications. In this case, there was no documentation of excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality changes that were not secondary to psychiatric problems, or a sleep related breathing disorder. Additionally, the Official Disability Guidelines recommend an exclusion of psychiatric etiology and sedative/sleep promoting medications prior to a polysomnography. As the medical necessity has not been established in this case, the request is not medically appropriate at this time.