

<b>Case Number:</b>	CM15-0056714		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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

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 47-year-old male, who sustained an industrial injury on October 18, 2012. The injured worker had reported a closed head, neck, upper back and left upper extremity injuries with memory impairment. The diagnoses have included a closed head injury with concussion, cervical spine sprain with left upper extremity radiculopathy, post-traumatic hearing impairment and post-traumatic headaches and cervical occipital headaches. Treatment to date has included medications, radiological studies, trigger point injections and a sleep study. Current documentation dated March 10, 2015 notes that the injured worker reported continued neck, upper back and left upper extremity pain with cervical post-traumatic headaches. He also reported a runny nose and recurrent nosebleeds. Physical examination revealed tenderness of the cervical occipital region and left cervical paravertebral muscles. Range of motion was noted to be decreased. The aching pain radiated to the left shoulder blade. Examination of the shoulders revealed a painful and decreased range of motion. The documentation notes the injured worker may have a worsening post-traumatic brainstem disorder with increasing central sleep apnea. The injured worker underwent a sleep study in January of 2015, which showed no deep sleep. The documentation notes that the injured worker did not tolerate a Bi-level positive air pressure (BIPAP) well. The treating physician's plan of care included 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: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Polysomnography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines 'Pain (chronic) chapter, Polysomnography.

**Decision rationale:** The patient presents on 03/10/15 with unrated upper back and neck pain with associated cervical occipital headaches and "mental clouding." The patient's date of injury is 10/18/12. Patient has no documented surgical history directed at this complaint, had previously undergone a sleep study on 09/07/14 with findings of severe complex obstructive sleep apnea and CPAP/BIPAP failure. The request is for Sleep Study. The RFA was not provided. Physical examination dated 03/10/15 reveals tenderness to palpation of the left cervical occipital region and cervical paraspinal muscles, and decreased cervical range of motion on extension and lateral flexion. The patient is currently prescribed Ondansetron, Frova, Alprazolam, Diclofenac, Omeprazole, and Cyclobenzaprine. Diagnostic imaging included MRI of the head dated 09/17/14 with unremarkable findings. Patient is currently not working. MTUS does not address sleep studies, though ODG-TWC guidelines, chapter 'Pain (chronic)' and topic 'Polysomnography', list the following criteria for Polysomnography: Recommended 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. Not recommended for chronic insomnia, or insomnia associated with psychiatric disorders." For criteria, excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change not due to meds or psyche problems; sleep-related breathing disorder or periodic limb movement disorder is suspect are required. In regard to the second sleep study directed at this patient's obstructive sleep apnea, the request appears reasonable. Progress note dated 01/02/15 indicates that a follow-up study was approved by the initial utilization review; while progress note dated, 03/10/15 discusses conflicting approval and denial of the diagnostic in another review. The treater requested IMR so as to resolve these conflicting utilization reviews. Progress note dated 03/10/15 indicates that this patient experiences mental deterioration secondary to sleep complaint and chronic morning headaches. Sleep study dated 09/07/14 documents significant chronic obstructive sleep apnea and CPAP/BIPAP failure. This patient's morning headaches/mental deterioration, coupled with significant findings in previous sleep studies of unresolved obstructive sleep apnea substantiate the need for further diagnostic examination. Therefore, the request is medically necessary.