

<b>Case Number:</b>	CM14-0103736		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/26/2010
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 57 year old male with a date of injury on 6/26/2010. Diagnoses include thoracic spine strain, lumbar disc rupture, and left hip strain. Subjective complaints are of pain in the upper and low back, left knee, and hip. Patient also had complaints of poor sleep, anxiety and depression. Physical exam showed tenderness around the thoracic and left sacroiliac joint, with normal neurological exam. The left knee showed tenderness over the patella. Medications include hydrocodone, Celebrex, Aspirin, Enalapril, Atenolol, Lovastatin, and Iron Sulfate.

### 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 CA MTUS ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations Page 127

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

**Decision rationale:** The ODG recommends sleep studies 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. For this patient, submitted records do not provide documentation that identifies psychological evaluation, failure of sleep medicine, or extent or duration of insomnia. Therefore, the medical necessity for a sleep study is not established.