

<b>Case Number:</b>	CM14-0129966		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	03/17/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Internal Medicine and is licensed to practice in California. 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:

The injured worker is a 55 year old male who suffered an industrial accident in 2011 involving traumatic amputation of the right hand's medial four digits. Subsequently, the patient has developed chronic pain of the hand, phantom limb pain and at one point in February of 2014; there was consideration of complex regional pain syndrome. The patient has undergone pulley repair and centralization of the extensor tendon in the affected hand as well. Unfortunately, he continues to have significant pain. He also has developed industrially attributable psychological problems. These include post traumatic anxiety and depression. Previous therapies have included NSAID, opiates, Pregabalin, Gabapentin and anti-depressants including low doses of Trazodone. The provider noted in June of 2014 that the injured worker had trouble sleeping and this was corroborated by the report of another secondary treating provider as well. However, the primary physician did not present historical and objective information other than to mention the problem of sleep problems.

### 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.

**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; Polysomnography.

**Decision rationale:** The requested sleep study is indicated typically when a clinical diagnosis or suspicion for sleep apnea or periodic limb movement disorder or restless legs exists. To arrive at that clinical diagnosis, historical and examination details typically include the nature of sleep disturbance, sleep hygiene, sleep related medication use, snoring, overweight and its documentation, neck diameter documentation, morning headaches and day time somnolence in addition to an objective Epworth sleepiness scale or similar instrument. The provider did not report these features in his clinical reports and therefore, insufficient information exists to recommend medical necessity. In addition, it is pertinent to note that the patient's pain and comorbid depression with post traumatic syndrome features themselves impose the possibility of a sleep disorder. The sleep disturbance can be equally due to depression and therefore a thorough history and examination to support clinical suspicion would be invaluable in determining the need for a polysomnogram. Accordingly, at this time, based on clinical records and applicable guidelines, this request is not medically necessary.