

<b>Case Number:</b>	CM14-0149707		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	12/14/2011
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 47-year-old female with a date of injury of 12/24/2001. The listed diagnoses per [REDACTED] are: 1. Posttraumatic arthromyalgia, TMJ joint. 2. Hypertension. 3. Obesity. 4. Muscle pain with splinting. 5. Heavy wear on existing oral device. 6. Trigeminal neuropathy. 7. Suspect sleep disorder, sleep-related bruxism. According to progress report 09/02/2014, the patient presents with "direct facial injury involving a kicked ball which struck her face." The patient feels overall at least 80% improvement, but "remains symptomatic with a single tender point at the insertion of the temporalis tendon on the coronoid process on the left side." Objective finding noted "The patient is alert, oriented, and responsive. Her blood pressure at today's visit was excessive with diastolic pressure over 100." The patient has concerns regarding possible sleep-disordered breathing. The treating physician is requesting authorization for a home sleep test. Utilization review denied the request on 09/09/2014.

### 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 Official Disability Guidelines (ODG)

**Decision rationale:** This patient presents with facial and head injury from a ball which hit her face. The treating physician is requesting a sleep test to confirm presence of central sleep apnea. The MTUS and ACOEM Guidelines do not address sleep studies. However, the Official Disability Guidelines states that a polysomnogram is recommended after at least 6 months of insomnia complaints, at least 4 nights a week, unresponsive to behavior, intervention, and sedative sleep-promoting medication, and after psychiatric etiology has been excluded." In this case, although progress report indicates issues with the patient's sleep, the treating physician does not discuss behavioral interventions, medication trial, and psychiatric etiology. The treating physician also does not describe morning type headaches due to insomnia, personality changes, or daytime insomnia. The requested sleep study is not medically necessary and recommendation is for denial.