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| <b>Case Number:</b>   | CM15-0116528 |                              |            |
| <b>Date Assigned:</b> | 06/24/2015   | <b>Date of Injury:</b>       | 10/19/1981 |
| <b>Decision Date:</b> | 07/23/2015   | <b>UR Denial Date:</b>       | 05/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/16/2015 |

### 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, Pain Management

### 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 60 year old male, who sustained an industrial injury on 10/19/1981. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include contact with and exposure to potentially hazardous chemicals, allergic rhinitis; chronic sinusitis, nasal polyp, deviated septum and obstructive sleep apnea. He is status post nasal surgery in 2010. Treatments to date include oral decongestants, anti-histamine, nasal sprays, analgesics and frequent Medrol dose packs with oral antibiotic therapy as required. Currently, he complained of nasal congestion and headaches located mostly in the frontal area. On 5/20/15, the physical examination documented observation of pus and green discharge from maxillary sinuses bilaterally and in the left ethmoid sinus. The provider documented mild sinus disease. The plan of care was to follow up one month after completion of a sleep study. This review was to address the request to authorize a sleep study evaluation between 5/20/15 and 8/20/15.

### 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).

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

**Decision rationale:** Regarding the request for sleep study, California MTUS guidelines are silent. ODG states Polysomnograms/sleep studies are recommended for the combination of indications listed below: Excessive daytime somnolence, Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy), Morning headache (other causes have been ruled out), Intellectual deterioration (sudden, without suspicion of organic dementia), Personality change (not secondary to medication, cerebral mass or known psychiatric problems), Sleep-related breathing disorder or periodic limb movement disorder is suspected, Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. Within the documentation available for review, the criteria outlined above have not been met. In the absence of such documentation, the currently requested sleep study is not medically necessary.