

<b>Case Number:</b>	CM15-0123460		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	08/20/2009
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 70 year old male who sustained an industrial injury on 8/20/09. (Per utilization review, the mechanism of injury was a motor vehicle accident. He felt the flexion, extension, whiplash and jolt involving the neck and lumbar back. The diagnosis was cervicgia). He currently complains of pain in the head, neck and back. He has difficulty with memory and concentration, worries about finances and has sleep difficulties due to pain and worries (1/6/15 note). The progress note dated 4/6/15 indicates continued sleep difficulties. He has trouble staying asleep and when he does sleep it is not restful (progress note 4/14/15). On physical exam (2/16/2015) there was tenderness of the cervical paraspinal areas; Epworth scale was abnormal at 15 requiring further analysis. He also has constant low back pain radiating to bilateral lower extremities with a pain level of 6/10 with medications and 8-10/10 without medications. Medications are Norco and cyclobenzaprine. Medications allow him to function in areas of driving, light housework, cooking and self-care. Diagnoses include status post closed head injury with loss of consciousness; traumatic brain injury; post-traumatic headaches (crainiocervical type); increased sleepiness, rule out obstructive sleep apnea. Treatments to date include psychological sessions; physical therapy. Diagnostics include MR of cervical spine (1/5/15) showing post-operative changes status post fusion at C3-7; electroencephalogram (12/2/14) normal. In the progress note dated 5/19/15 the treating provider's plan of care includes a request for a sleep study to rule out obstructive sleep apnea.

### 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 Official Disability Guidelines (ODG) Pain (Chronic), Polysomnography.

**Decision rationale:** According to the Official Disability Guidelines, in-lab polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) 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. Sleep study is not medically necessary.