

<b>Case Number:</b>	CM15-0126842		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	06/15/2009
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

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

This is a 59 year old female patient who sustained an industrial injury on 6/15/2009. The mechanism of injury is not detailed. Diagnoses include lumbar sprain/strain, contusion of the chest wall, acquired trigger finger, and internal derangement of the knee. Per the PR-2 dated 5/26/2015 she had low back and chest symptoms. The physical examination revealed spasm and tenderness over the lumbar and thoracic paraspinal muscles, restricted range of motion and decreased sensation in bilateral feet. The medications list includes theophylline, beconase, flonase, baclofen, tylenol, Nyquil, Qvar and melatonin. Per the note dated 2/13/2015, she had sleep for 5 to 8 hours with 3 times wake up. She has had lumbar spine MRI. She has had physical therapy visits for this injury. Recommendations include sleep study, non-invasive CT angiogram, await QME report, and follow up in six weeks.

### 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), Criteria for polysomnography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15) Polysomnography.

**Decision rationale:** Sleep study. CA MTUS/ACOEM does not address this request, therefore ODG guidelines used. Per ODG cited below Polysomnography/sleep study is, "recommended 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." The records provided do not specify if the above criteria were present. A detailed clinical history regarding insomnia is not specified in the records provided. Response to sedative/sleep promoting medications and behavior intervention were not specified in the records provided. The medical necessity of sleep study is not fully established for this patient. The request is not medically necessary.