

<b>Case Number:</b>	CM15-0129426		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/04/2012
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: North Carolina

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:

The injured worker (IW) is a 67 year old male who sustained an industrial injury on 01/04/2012. He reported lower back pain, neck pain, and right lower leg pain. The injured worker was diagnosed as having multilevel lumbar stenosis; chronic cervical strain; lower extremity weakness; psych issues, sleep issues, and neurological problems. Treatment to date has included L3-L4 epidural steroid injection that gave 50% improvement lasting approximately 1 month. Currently, the injured worker complains of pain in the low back that occasionally radiates into the anterior thighs and legs with numbness and tingling in the anterior thighs. The worker states the pain is aggravated by walking and standing. He uses a cane of ambulation. Medications include Oxycodone, and Diclofenac/Lidocaine topical, with Docusate Sodium for constipation. He has diabetes which is reported to have become aggravated after the accident. Objectively the worker walks with a slight limping gait and favors the right lower extremity, and he has lumbar paraspinal tenderness. He has been reported to have problems sleeping, difficulty concentrating, and forgetfulness, difficulty making decisions, anxiety and depression. The treatment plan includes a sleep study. Requests for authorization were made for the following: 1. Polysomnography - sleep study Qty: 1. 2. Docusate Sodium 250 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Polysomnography- sleep study Qty: 1: Overturned**

**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 Chapter, Sleep study.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) sleep study.

**Decision rationale:** The ACOEM and the California MTUS do not specifically address the requested service. The ODG states polysomnography is indicated in the evaluation of sleep apnea. Review of the provided clinical documentation shows the patient has signs and symptoms of potential sleep apnea. Therefore, the request is medically necessary.