

<b>Case Number:</b>	CM15-0170881		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	06/07/2015
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 is a 54 year old male, who sustained an industrial injury on June 7, 2015, resulting in pain or injury to the entire back and right foot. Currently, the injured worker reports headaches, pain in the bilateral shoulders, arms, elbows, wrists, hands, and legs, with pain in the entire back, right knee and right ankle, with a lot of pain reported in the left knee and toe. A review of the medical records indicates that the injured worker is undergoing treatment for shoulder impingement, medial epicondylitis, lumbar sprain-strain, and internal derangement of the knee. The Primary Treating Physician's report dated July 7, 2015, noted the injured worker had difficulty sleeping due to headaches, getting five hours of sleep, waking up a couple of times a night with difficulty going back to sleep, and feeling fatigued throughout the day. The injured worker was noted to suffer from bouts of stress, worried over his work status and overall medical condition. Physical examination was noted to show tenderness to pressure over the bilateral trapezius muscles with restricted bilateral shoulder range of motion (ROM) and positive bilateral shoulder impingement signs. The bilateral medial elbows were noted to have tenderness to pressure. The lumbar spine was noted to have tenderness to palpation of the paraspinal muscles with spasms and restricted ROM. Tenderness was noted over the bilateral knee joints. The Primary Treating Physician's progress report dated July 15, 2015, noted the injured worker was given a non-steroid anti-inflammatory drug (NSAID) to reduce the pain and inflammation, was undergoing physical therapy, and was awaiting appointments with the sleep lab and internist. The physical examination was noted to be unchanged from the previous visit. The treating physician indicates that an electrodiagnostic study of the bilateral upper extremities indicated mild right carpal tunnel syndrome. Prior treatments have included physical therapy

with the injured worker yet to compete all authorized sessions and medications including the current medications listed as carisoprodol, tramadol HCL, and naproxen sodium. The injured worker's work status was noted to be currently working on regular duties, temporarily totally disabled. The request for authorization dated July 7, 2015, requested a sleep study. The Utilization Review (UR) dated August 12, 2015, non-certified the request for a sleep study based on the clinical information submitted for review and using the evidence-based, peer-reviewed guidelines.

### **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: Pain - Polysomnography.

**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:** The CA MTUS guidelines do not specifically address polysomnography (sleep study), but ODG has specific criteria that include excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change and insomnia for at least six months duration. In particular, the symptoms must be unresponsive to behavioral intervention, not due to sedative medications, and no psychiatric causation. According to recent treating provider notes from July 7 and 15, 2015, the injured worker has not had long standing sleep impairment with daytime fatigue, snoring, and waking with choking sensation, especially since his injury just occurred June 7, 2015. In addition, a sleep study would not be substantiated by his work related injuries and has not met the other criteria outlined for a polysomnography. Based on the clinical information reviewed, the request for a sleep study is not medically necessary and appropriate.