

<b>Case Number:</b>	CM15-0170990		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	01/28/2015
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/18/2015
<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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 50 year old male, who sustained an industrial injury on 01-28-2015 secondary to be electrocuted. The injured worker was diagnosed as having history of electrocution and sleep disorder. On medical records dated 08-07-2015, 07-29-2015 and 05-21-2015, the subjective findings noted chest pain, palpations, shortness of breath and neck pain. Objective findings were noted as normal blood pressure and pulse, depression and anxiety. Cervical spine and right elbow had a decreased range of motion. No mention of sleep disturbance was noted. The injured worker was noted as temporarily totally disabled. The injured worker underwent ENG (electronystagmography) on 06-16-2015 and neuropsychological evaluation on 07-17-2015. Treatments to date included medication. The Utilization Review (UR) was dated 08-18-2015. The UR submitted for this medical review indicated that the request for polysomnogram was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Polysomnogram:** 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, Insomnia.

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

**Decision rationale:** The patient was injured on 01/28/ and presents with chest pain and shortness of breath. The request is for a POLYSOMNOGRAM. There is no RFA provided and the patient is not currently working. Review of the reports provided does not indicate if the patient had a prior polysomnogram. Official disability guidelines, Pain chapter, under Polysomnography, lists the following criteria: 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. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. He is diagnosed with electrocution, sleep disorder, adjustment disorder, anxiety, depression, dizziness, and residual headaches. Regarding the request for a sleep study, the treater has not provided a reason for the request. Addressing the criteria for sleep studies, this patient does not appear to display excessive daytime somnolence, cataplexy, mental deterioration, or personality changes. There is a formal diagnosis of a sleep disorder, however the provider does not include a rationale as to why such testing is necessary. In this case, the patient does not satisfy ODG criteria for sleep studies and the request cannot be substantiated. This request is not medically necessary.