

<b>Case Number:</b>	CM15-0174751		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	09/14/2002
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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:

The injured worker is a 50 year old female, who sustained an industrial injury on 9-14-2002. Diagnoses include opioid type dependence continuous use, carpal tunnel syndrome, lumbar or thoracic radiculopathy and myofascial pain syndrome. Treatment to date has included diagnostics, L5-S1 interlaminar epidural steroid injections (most recently on 1-6-2015), epidural steroid injections (most recently on 3-18-2014), acupuncture, rest, medication, heat, stretching, exercise and ice. Medications as of 8-07-2015 included MS Contin, Morphine sulfate, Soma, Topamax, and Gabapentin. Per the Pain Management Reevaluation dated 8-07-2015, the injured worker presented for hand problems and lower back pain. She reported lower back pain described as sharp, dull, achy burning and pressure, with associated numbness in the right hand and arm with a pins and needles sensation and skin sensitivity. She also reported right hand and arm pain described as sharp, agonizing, achy, tingling, electrical and burning. She reported difficulty getting to sleep and frequent awakening. Objective findings included a normal gait and station. The plan of care included medication management, injections, continuation of home exercise and a home sleep study to determine whether the current dose of opiates was causing any element of central apnea. On 8-21-2015, Utilization Review non-certified the request for a sleep study based on lack of medical necessity.

### 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:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, [www.odg-twc.com](http://www.odg-twc.com); section: pain (chronic) (updated 7/15/2015).

**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 current request is for a sleep study. Treatment to date has included diagnostics, L5-S1 interlaminar epidural steroid injections (most recently on 1-6-2015), epidural steroid injections (most recently on 3-18-2014), acupuncture, rest, medication, heat, stretching, exercise and ice. The patient's work status is not addressed. 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. Per report 07/01/15, the patient presents with chronic hand and lower back pain. She reported difficulty getting to sleep and frequent awakening. The plan of care included medication management, injections, continuation of home exercise and a home sleep study to determine whether the current dose of opiates was causing any element of central apnea. This is the only report provided for review. In addressing the criteria for sleep studies, the treater has not documented excessive daytime somnolence, cataplexy, mental deterioration, or personality changes for this patient. In this case, the patient does not satisfy ODG criteria for a sleep study. Therefore, this request is not medically necessary.