

<b>Case Number:</b>	CM15-0064842		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	12/22/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: 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 45 year old woman sustained an industrial injury on 12/22/2014 due to cumulative trauma. Diagnoses include cervical sprain, thoracic sprain, cervicocranial syndrome, headache, interstitial myositis, generalized anxiety disorder, and insomnia. Treatment has included oral medications. Physician notes dated 2/6/2015 show complaints of occasional pain in the temporal region of her head rated 7/10, occasional shoulder pain rated 7/10, intermittent neck pain rated 8/10, and upper back pain rated 6/10. Recommendations include urine drug screen, cervical pillow, heating/cooling unit, continue physical therapy, chiropractic treatment, and acupuncture, functional restoration program, TPH/LINT therapy, orthopedic consultation, pain management consultation, psychological consultation, shockwave therapy, and sleep study.

### 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) Pain (updated 02/23/15).

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

**Decision rationale:** The patient presents with occasional pain in the temporal region of her head rated 7/10, occasional shoulder pain rated 7/10, intermittent neck pain rated 8/10, and upper back pain rated 6/10. The request is for a SLEEP STUDY. The provided RFA is dated 02/06/15 and the date of injury is 12/22/14. The diagnoses include cervical sprain, thoracic sprain, cervicocranial syndrome, headache, interstitial myositis, generalized anxiety disorder, and insomnia. There are no physical examination findings provided for review. Treatment has included oral medications. Current medication includes Lunesta, per 02/06/15 report. The patient works full time. ODG guidelines have the following regarding sleep studies: "ODG Guidelines, Pain (Chronic) chapter, Polysomnography: 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. Criteria for Polysomnography: 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." Per progress, report dated, 01/20/15, treater states, "The patient rated 10 on the Epworth sleepiness showing a light chance of dozing. The results are not significant enough to warrant a sleep study at this time." It is unknown why treater then requested for a sleep study on 02/06/15. While the patient has a diagnosis of insomnia, there is no documentation of excessive daytime somnolence; cataplexy; morning headaches; intellectual deterioration; personality change that would indicate the patient meets guideline criteria. Furthermore, the psychiatric etiology for the patient's sleep difficulties have not been ruled out. Therefore, the request IS NOT medically necessary.