

<b>Case Number:</b>	CM15-0069638		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	06/08/2009
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 is a 61 year old female, who sustained an industrial injury on 6/08/2009. She reported injuries to bilateral shoulder, back, hands, lower extremities and internal structures. Diagnoses include osteoarthritis of lumbar facet joints, right shoulder sprain/strain, right anterior chest wall contusion, bilateral shoulder pain, lumbar narrowing, disc bulge and spinal fusion, status post bilateral carpal tunnel release, and sleep arousal disorder. Treatments to date include activity modification, wrist brace, medication therapy and physical therapy/hand therapy. Currently, she complained of bilateral shoulder pain rated 2/10 VAS and low back pain rated 7/10 VAS. On 3/5/15, the physical examination documented she appeared drowsy despite having Tramedol as the only narcotic. The plan of care included requesting authorization for a nerve conduction study to bilateral upper extremities and a diagnostic sleep test study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyograph/nerve conduction velocity for the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The California MTUS and ACOEM do not specifically address the requested service. The ODG recommends sleep studies in the investigation of possible sleep disorders. This is manifested by symptoms of insomnia for greater than 6 months, excessive daytime somnolence, cataplexy, morning headache, personality changes and intellectual deterioration. It is also used in the evaluation of possible sleep apnea. The included clinical documentation of review does not meet these criteria, and therefore is not certified. The request IS NOT medically necessary.

**Sleep study/polysonogram:** 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), Chronic pain chapter, Polysomnography.

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

**Decision rationale:** The California MTUS and ACOEM do not specifically address the requested service. The ODG recommends sleep studies in the investigation of possible sleep disorders. This is manifested by symptoms of insomnia for greater than 6 months, excessive daytime somnolence, cataplexy, morning headache, personality changes and intellectual deterioration. It is also used in the evaluation of possible sleep apnea. The included clinical documentation of review does not meet these criteria and thereof is not certified. The request IS NOT medically necessary.