

<b>Case Number:</b>	CM15-0077869		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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, Georgia  
 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 45 year old male, who sustained an industrial injury on 10/23/2013. He reported an automobile accident with possible loss of consciousness and immediate pain in the head, neck, right shoulder, mid-lower back, legs and knees. Diagnoses include headaches, cervical spine strain with upper extremity neurologic symptoms, right shoulder impingement syndrome, herniated lumbar spine with lower extremity radiculopathy, and bilateral knee internal derangement, and status post lumbar surgery. Treatments to date include activity modification, medication therapy, physical therapy and therapeutic injections. Currently, he complained of continuous headaches associated with dizziness, neck pain, upper extremity pain, low back pain and difficulty sleeping at night. On 1/28/15, the physical examination documented decreased cervical and lumbar range of motion with tenderness and muscle spasms noted. The diagnoses included post-traumatic headaches, cervicothoracic strain, insomnia, rule out Obstructive Sleep Apnea, blurred vision, memory difficulties, and photophobia. The plan of care included a polysomnogram, sleep study, to rule out obstructive sleep apnea.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 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 (ODG) Pain, Chronic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Sleep Study.

**Decision rationale:** The medical record states that the claimant has insomnia because of pain. There is no documentation of behavioral interventions and no documentation of the adequacy of the treatment of his depression. According to the ODG, a sleep study is indicated to investigate unexplained persistent insomnia (defined as 4 or more nights of disordered sleep, for 6 months or more) when this insomnia is unresponsive to behavioral interventions, trial of sedative/sleep medication and when psychiatric etiologies have been excluded. In this case, there is no documentation of behavioral interventions or trial of sleep medication. A sleep study is not medically necessary.