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| <b>Case Number:</b>   | CM15-0095195 |                              |            |
| <b>Date Assigned:</b> | 05/21/2015   | <b>Date of Injury:</b>       | 02/20/2001 |
| <b>Decision Date:</b> | 06/24/2015   | <b>UR Denial Date:</b>       | 05/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/18/2015 |

### 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: Preventive Medicine, Occupational Medicine

### 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 68 year old female, who sustained an industrial injury on February 20, 2001. He reported industrial based pain since attempting to transfer a heavy box onto a dolly. The injured worker was diagnosed as having chronic multifocal spinal pain with antibiotic lumbar radicular component and insomnia. Treatment to date has included chiropractic treatments and medication. Currently, the injured worker complains of multifactorial spinal pain with radiating spread through the posterior aspect of the left lower extremity terminating at the gastrocnemius. The Treating Physician's report dated April 22, 2015, noted the injured worker reported that since the previous visits her inability to sleep was worsened. The injured worker reported that Fentanyl and Norco had been allowing her some semblance of activity through the course of the day. Current medications were listed as fentanyl, Norco, Citalopram, Qunol Mega COQ10, Ropinirole, a stool softener, Zocor, and over-the-counter (OTC) Aspirin and Vitamins. The injured worker was noted to ambulate with a slow stooping gait, markedly flexed at the trunk, using a single point cane for assistance with ambulation. The treatment plan was noted to include follow up with a nutrition center to obtain herbal teas with valerian root and chamomile, and a referral for a sleep study. The injured worker was noted to attempt to back off of Norco in the early afternoon as it may be excitatory for many people and may be contributing to her inability to sleep.

### 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 ACOEM. Decision based on Non-MTUS Citation ODG.

**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/Polysomnography Section.

**Decision rationale:** The MTUS Guidelines do not address the use of sleep evaluation. The ODG recommends the use of polysomnogram 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. Other indications include excessive daytime somnolence, cataplexy, morning headache (other causes have been ruled out), intellectual deterioration, personality change, sleep-related breathing disorder or periodic limb movement disorder is suspected. The injured worker has been approved for and is pending a consult with for advanced sleep diagnostics. The need for a sleep study should be evaluated during that consult. The request for Sleep Study is determined to not be medically necessary.