MAXIMUS Federal Services

Case Number:	CM13-0016851		
Date Assigned:	11/06/2013	Date of Injury:	10/28/2010
Decision Date:	05/13/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 man with a date of injury of 10/28/10. He has a history of chronic pain in his neck, left shoulder and low back. He also has a history of associated depression, irritable bowel syndrome and sleep disorder. At issue in this denial is a referral to an internal medicine consult for sleep disorder. The available records do not characterize the sleep disorder well before the denial. He was seen on 10/4/13 by an internal medicine physician with complaints of low back and bilateral leg pain, sleep disturbance and stress/depression. His medications included fluoxetine, ambien, soma, norco, zantac, tramadol creams and as needed tylenol, aspirin and advil. His Epworth sleepiness scale score was 19 and he was said to breath through his mouth, snore and grind his teeth at night. He also reported nocturnal awakening and sleep disturbances with apnea on occasion. His exam showed clear throat, no nasal lesions and normal lung and cardiac exam. He is said to have a sleep disorder, secondary to pain. He was advised to follow a course of sleep hygiene.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERNAL MEDICINE CONSULTATION FOR SLEEP CONSULT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: UPTODATE: TREATMENT OF INSOMNIA.

Decision rationale: According to Uptodate, patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause or worsen the insomnia and receive general behavioral suggestions, particularly advice regarding sleep hygiene. After this, cognitive behavioral therapy would be trialed first prior to medications. This injured worker is felt to have a sleep disturbance related to pain and is already using sleep medications such as ambien. He was advised to follow a course of sleep hygiene. Consultation with an internal medicine specialist was not medically necessary to advise a plan of sleep hygiene.