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| Case Number: | CM13-0022933 | | |
| Date Assigned: | 11/01/2013 | Date of Injury: | 03/20/2011 |
| Decision Date: | 01/07/2014 | UR Denial Date: | 08/13/2013 |
| Priority: | Standard | Application Received: | 09/11/2013 |

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 patient is a 42-year-old male who reported an injury on 03/20/2011 due to a fall off a ladder, causing a traumatic brain injury. The patient received inpatient rehabilitation in 06/2013. It was noted that the patient's symptoms included aggressive behavior, poor balance, decreased cognition, visual deficits, decreased motor planning, and impaired decision-making. The patient was treated conservatively for insomnia with medical marijuana and medications to include trazodone and Valium. Physical findings included a positive hallpike maneuver and a score of 8 on the Epworth Sleepiness Scale. Psychiatric evaluation for the patient's severe depression and insomnia was included in the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

sleep study for insomnia: 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).

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..

Decision rationale: The requested sleep study for insomnia is not medically necessary or appropriate. The patient does have continued sleep disturbances. However, due to the

significant symptoms related to the patient's injury to include cognitive, emotional, and neurological deficits, psychiatric etiology has not definitively been excluded. The Official Disability Guidelines (ODG) recommend polysomnography after at least 6 months of insomnia complaints that have been unresponsive to behavioral intervention and sedative or sleep-promoting medications after psychiatric etiology has been excluded. The most recent clinical documentation indicates that the patient's treatment plan includes psychiatric evaluation. The results of this evaluation would be needed to determine the need for additional investigation and diagnostic studies related to the patient's insomnia. As such, the requested sleep study for insomnia is not medically necessary or appropriate.