

Case Number:	CM13-0047477		
Date Assigned:	12/27/2013	Date of Injury:	12/08/2008
Decision Date:	02/18/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/01/2013

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 Occupational Medicine and licenced 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 applicant is a represented [REDACTED] employee who has filed a claim for stress, anxiety, myofascial pain, hypertension, insomnia, neck pain, and diabetes reportedly associated with an industrial injury of December 8, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 18, 2013, the claims administrator denied a request for Sleep Medicine consultation, citing non-MTUS ODG Guidelines. The applicant's attorney later appealed. An earlier note of November 14, 2013 is notable for comments that the applicant has ongoing issues with pain and insomnia. The applicant also has issues with anxiety and stress generating said insomnia, it is noted. She is placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Board certified sleep medicine doctor consult with medical report: 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. <http://www.aasmnet.org/Resources/clinicalguidelines/040515.pdf>

Decision rationale: As noted by the American Academy of Sleep Medicine (AASM), polysomnography and daytime multiple sleep latency testing is not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. In this case, the applicant is having ongoing issues with depression, anxiety, and insomnia. These are, however, seemingly a function of underlying mental health pathology here as opposed to representing any bona fide sleep disorder for which either sleep testing and/or obtaining consultation with a sleep specialist would be beneficial in helping to determine the case of. AASM does not endorse sleep testing or sleep consultations for individuals with sleep disorder secondary to mental health issues. In this case, the applicant's sleep issues are apparently a function of underlying psychopathology. Therefore, the request for a Broad Certified Sleep Medicine doctor consultation with medical report is not indicated and not certified.