

Case Number:	CM13-0052163		
Date Assigned:	01/03/2014	Date of Injury:	07/16/2012
Decision Date:	07/18/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/15/2013

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. The expert 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 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/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:

This patient sustained an injury on 7/16/12 while employed by [REDACTED]. The Request under consideration include sleep study. The diagnoses include psychic factors associated with diseases classified; adjustment disorder with mixed anxiety & depressed mood. There was notation the patient has confirmed sleep apnea without documented exhaustive psychiatric management to support for the sleep study. The request for sleep study was not medically necessary on 11/5/13 citing guidelines criteria and not of medical necessity.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines.

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, pages 822-823.

Decision rationale: This male store manager sustained an injury on 7/16/12 while employed by [REDACTED]. Injury was stress related as the patient reported some possible gang activity to the police with subsequent threat. It appears he has not worked since 2012. The

requests under consideration include sleep study. Diagnoses include psychic factors associated with diseases classified; adjustment disorder with mixed anxiety & depressed mood. There is noted confirmed diagnosis of sleep apnea. A report of 10/30/12 from psychiatric provider noted patient with diagnoses of Post-traumatic Stress Disorder, Chronic/ Psychological Factors affecting medical conditions (depression and anxiety aggravating headaches, musculoskeletal tension, hypertension, and diabetes mellitus); and psychosocial stressors of health issues (DM, HTN, Hypercholesterolemia) and death of family members. The patient was treated by psychiatric treatment, including psychotherapy and psychotropic medication. Official Disability Guidelines recommends Polysomnography 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. The Criteria for the Polysomnography include (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. Submitted reports have not adequately demonstrated support to meet the guidelines criteria in that the patient has clear psychiatric etiology per psychiatric panel QME having received psychotherapy and psychotropic medications for psychiatric etiology above. There are also no documented issues of specific insomnia with failure in pharmacological or psychotherapy treatment. The Sleep study is not medically necessary and appropriate.