

Case Number:	CM13-0057572		
Date Assigned:	12/30/2013	Date of Injury:	12/30/2010
Decision Date:	08/27/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 Family Practice, has a subspecialty in Preventative Medicine 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 61 year old male claimant sustained a work related injury on 12/30/10 involving the low back and shoulders. He was diagnosed with lumbar degenerative disease and shoulder sprain. He had used a TENS unit and oral analgesics for chronic pain. HE had undergone therapy and chiropractic sessions. A progress note on 9/23/13 indicated the claimant had depression and difficulty sleeping. A sleep depression screening was requested by the treating physician. A progress note on 9/26/13 noted the claimant would benefit from cognitive behavioral therapy for coping with chronic pain and depression. The claimant had follow-up visits for managing sleep hygiene. Benadryl had been given for insomnia as well. During his exam visits he was given a diagnosis of sleep apnea and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

TREATMENT FOR SLEEP ISSUES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 guidelines.

Decision rationale: The ACOEM and MTUS guidelines do not comment on insomnia treatment. According to the ODG guidelines, insomnia treatment includes evaluation of the underlying cause, pharmacological agents, cognitive therapy , biofeedback and sleep hygiene. The recommended treatment is based on the etiology. In this case, pain was identified as cause for depression and insomnia. The type of treatment for sleep issues and length of treatment are not specified. Therefore, the request is not medically necessary and appropriate.