MAXIMUS Federal Services

Case Number:	CM13-0058338		
Date Assigned:	12/30/2013	Date of Injury:	05/21/2013
Decision Date:	05/02/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/26/2013

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 Occupational 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:

The applicant is a represented [redacted] employee who has filed a claim for major depressive disorder and anxiety disorder reportedly associated with an industrial injury of May 21, 2013. Thus far, the applicant has been treated with the following: Psychotherapy; psychotropic medications; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of November 5, 2013, the claims administrator denied a request for a sleep study. The applicant's attorney subsequently appealed. An earlier progress note of September 9, 2013 is notable for comments that the applicant is alleging psychiatric symptoms secondary to cumulative trauma at work. The applicant is having issues with anxiety, depression, social withdrawal, low self esteem, and difficulty coping with stress. The applicant is placed off of work, on total temporary disability. Psychotherapy and psychotropic medications are seemingly endorsed. It is stated through preprinted checkbox, the applicant is having issues with sexual dysfunction, weight gain, and appetite loss.

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 ODG - TWC Pain Procedure Summary last updated 10/14/2013, Criteria for Polysomnography: in-lab polysomnograms/sleep studies

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S; Broch L; Buysse D; Dorsey C; Sateia M. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med 2008; 4(5):487-504.

Decision rationale: The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), polysomnography and daytime multiple sleep latency testing are "not indicated" in the evaluation of chronic insomnia, and, in particular, insomnia associated with psychiatric disorders. In this case, the applicant has mental health issues with anxiety, depression, psychological stress, etc. These issues suggest the presence of sleep disturbance secondary to underlying mental health issues as opposed to sleep disturbance secondary to a sleep disorder such as narcolepsy, sleep apnea, etc. for which a sleep study will be indicated. The presence of the underlying psychopathology calls in the question of the presence of any bona fide sleep disorder, per AASM. Therefore, the request is not certified, on Independent Medical Review.

UROLOGICAL CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: While page 1 of the MTUS Chronic Pain Medical Treatment Guidelines does state that the presence of persistent complaints should lead a primary treating provider to "reconsider the diagnosis" and decide whether specialist evaluation is necessary in those applicants with persistent complaints; in this case, however, the applicant has not seemingly received psychotherapy for his underlying mental health issues. There is no evidence that the applicant's issues with diminished libido have persisted after initiation of psychotherapy. It is further noted that the applicant's sexual dysfunction issues appear to stem from underlying psychopathology as opposed to stemming from any bona fide urological issue. No clear rationale for the urology consultation has been provided. The progress note in question employs preprinted checkboxes and furnishes little or no narrative commentary. Therefore, the request is not certified, on Independent Medical Review.