

<b>Case Number:</b>	CM13-0063928		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 and is licensed to practice in Texas. 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 injured worker is a 62-year-old female who reported an injury on 05/28/2013. The mechanism of injury was the injured worker was attacked, knocked down, kicked, and her purse was taken. The documentation of 10/21/2013 revealed treatment recommendations of psychopharmacological intervention and medication management, cognitive behavioral psychotherapy, ABCs of Pain Relief and Treatment book, Advances through Breakthrough and Choices, a psycho-educational group, 8 to 12 sessions of biofeedback, and referral to a sleep clinic with a sleep disturbance that has been identified as a problem area. It was indicated a Final Determination Letter for IMR Case Number CM13-0063928 3 sleep specialist could assess for sleep disturbances and may be able to offer recommendations such as deep muscle relaxation exercises and/or biofeedback exercises to help improve sleep. Additionally, the physician indicated the other reason for recommending a formal sleep lab study was based on the fact the injured worker obtained an Epworth Scale of 11, indicating that a class 1 or class 2 impairment for arousal may be present. The diagnoses included posttraumatic stress disorder, and a global assessment of functioning of 57.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFERRAL TO SLEEP CLINIC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM TREATMENT GUIDELINES (2009), PAGE 105-127

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

**Decision rationale:** The California MTUS Guidelines indicate that upon ruling out a serious condition conservative management is provided and if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. There was lack of documentation of previous complaints of sleep disturbance. There was lack of documentation of prior treatments for the insomnia. The request for referral to a sleep clinic is not medically necessary and appropriate.