

Case Number:	CM14-0000766		
Date Assigned:	01/17/2014	Date of Injury:	09/10/2013
Decision Date:	06/06/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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 neck, knee, shoulder, and low back pain reportedly associated with an industrial injury of September 10, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated December 23, 2013, the claims administrator denied a request for a sleep study, stating that the applicant had not had evidence of sleep disturbance for the requisite amount of time before a sleep study should be considered. The applicant's attorney subsequently appealed. A December 13, 2013 chiropractic progress note is notable for comments the applicant reported persistent headaches, neck pain, mid back pain, low back pain, shoulder pain, and knee pain. MRI imaging of multiple body parts, including cervical spine, lumbar spine, shoulders, and bilateral knees, were sought, along with a pain management consultation, orthopedic consultation, and a psychiatric consultation to treat the applicant's derivative complaints of psychological stress and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP STUDY DUE TO ABNORMAL SLEEP DEPRIVATION: 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 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):48.

Decision rationale: The MTUS Guidelines does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), polysomnography or sleep studies are not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. In this case, the applicant does in fact have insomnia secondary to mental health issues, it has been posited. A sleep study would be of little or no benefit in establishing the presence of a sleep disorder or sleep deprivation secondary to underlying mental health pathology, as it appears to be present here. Therefore, the request is not medically necessary and appropriate.