

Case Number:	CM14-0010163		
Date Assigned:	07/02/2014	Date of Injury:	11/12/2009
Decision Date:	10/15/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/27/2014

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 major depressive disorder (MDD) reportedly associated with an industrial injury of November 12, 2009. Thus far, the applicant has been treated with the following: Psychotropic medications; psychotherapy; and transfer of care to and from various providers in various specialties. In a utilization review report dated December 30, 2013, the claims administrator denied a request for a sleep study. In an April 3, 2013, psychological evaluation, the applicant was given a diagnosis of depression disorder with derivative complaints of anxiety. The applicant was apparently not working; it was suggested, at that point in time. On April 10, 2014, the applicant was described as living on social security pension benefits. The applicant had reportedly been terminated by his former employer. The applicant had a variety of comorbidities, including glaucoma, diabetes, dyslipidemia, and coronary artery disease with multiple stent placements. The applicant was declared permanent and stationary from a mental health perspective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnography; sleep staging with 1-3 additional parameters of sleep, attened by a technologist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> 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. . Polysomnography and daytime multiple sleep latency test- ing (MSLT) are not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsych

Decision rationale: The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), polysomnography is not indicated in the routine evaluation of insomnia and, in particular, insomnia due to psychiatric or neuropsychiatric disorder. In this case, the applicant has a variety of depressive symptoms, apparently associated with a diagnosis of major depressive disorder. A sleep study would be of no benefit in establishing the presence or absence of psychological stress-induced insomnia. Therefore, a Polysomnography, sleep staging with 1-3 additional parameters of sleep, attended by a technologist is not medically necessary.