

<b>Case Number:</b>	CM14-0156741		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	12/17/2009
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 chronic low back pain, anxiety, and depression reportedly associated with an industrial injury of December 17, 2009. The applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; sleep aids; adjuvant medications; psychological counseling; and extensive periods of time off of work. In a Utilization Review Report dated August 25, 2014, the claims administrator failed to approve a request for a sleep study. The applicant's attorney subsequently appealed. In a July 16, 2014 psychological evaluation, the applicant was given various mental health diagnoses, including major depressive disorder, moderate-to-severe, and pain disorder with both physical and psychological features. The applicant was given a global assessment of functioning (GAF) of 55. The applicant was not working, it was acknowledged. On August 19, 2014, the applicant's primary treating provider (PTP) sought authorization for sleep study on the grounds that the applicant had persistent insomnia associated with his orthopedic conditions. It was also stated that the applicant had ongoing complaints of depression. The applicant's medication list included Celebrex, Prilosec, Pristiq, Rozerem, Pennsaid, Neurontin, and Norco.

### 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 Official Disability Guidelines (chapter on pain); regarding Polysomnography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Clinical Guidelines for Evaluation and Management of Chronic Insomnia in Adults.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) does not address the topic of sleep studies. However, as noted by the American Academy of Sleep Medicine (AASM), sleep studies or polysomnography is "not indicated" in the routine evaluation of insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. In this case, the applicant has a variety of mental health issues. The applicant is using a variety of psychotropic medications, including Pristiq. The applicant has a global assessment of function (GAF) of 55, it was noted on a recent progress note, referenced above. All of the above, taken together, suggests that the applicant's sleep disturbance is, in fact, a function of underlying mental health issues. Therefore, the request is not medically necessary.