

<b>Case Number:</b>	CM14-0169151		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 neck pain, headaches, low back pain, dizziness, anxiety, depression, diplopia, and diabetes reportedly associated with an industrial injury of July 17, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; psychotropic medications; and extensive periods of time off of work. In a Utilization Review Report dated September 25, 2014, the claims administrator denied a request for a sleep study. The claims administrator stated that it was basing its decision on non-MTUS ODG guidelines but did not incorporate the same into its report or rationale. The applicant's attorney subsequently appealed. In a psychiatry report dated June 16, 2014, it was acknowledged that the applicant was using Effexor for depression and anxiety. The applicant was using insulin and metformin for comorbid diabetes, it was noted. The applicant was asked to continue Effexor.

### 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; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper Back

**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 the Evaluation and Management of Chronic Insomnia in Adults.

**Decision rationale:** The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), however, polysomnography/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 has a variety of mental health issues, including major depressive disorder and generalized anxiety disorder, superimposed on chronic pain complaints. The proposed sleep study would be of no benefit in establishing the presence of depression-induced or pain-induced sleep disturbance, per AASM. Therefore, the request for Sleep Study is not medically necessary.