MAXIMUS Federal Services

Case Number:	CM14-0071665		
Date Assigned:	07/16/2014	Date of Injury:	02/17/2014
Decision Date:	10/14/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/19/2014

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 Family 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 injured worker is a 39 year old female whose date of injury is 02/17/2014. The mechanism of injury is described as continuous harassment and hostile work environment. Note dated 05/01/14 indicates that the injured worker suffers from depression and anxiety. There are no suicidal or homicidal ideations. Symptoms include anxiety, headaches and insomnia. Diagnoses are anxiety and depression.

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 (ODG), Pain Chapter, Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Polysomnography

Decision rationale: Based on the clinical information provided, the request for sleep study is not recommended as medically necessary. The Official Disability Guidelines note that sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime

somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. The submitted records fail to establish that the injured worker meets the ODG criteria for sleep study. There is no indication that psychiatric etiology has been excluded.

Psych evaluation due to psyche symptoms and treatment based on outcome evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluation Page(s): 100-101.

Decision rationale: Based on the clinical information provided, the request for psychological evaluation due to psyche symptoms and treatment based on outcome evaluation is not recommended as medically necessary. The requested treatment is premature pending completion of an initial evaluation. The submitted records fail to establish that the injured worker's psychological complaints have impeded her progress in treatment to date. The injured worker reportedly has been diagnosed with anxiety and depression, and it is unclear if the injured worker has undergone prior psychological evaluation. Given the current clinical data, medical necessity cannot be established in accordance with CA MTUS guidelines.