

<b>Case Number:</b>	CM14-0082680		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	12/27/2010
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 40-year-old male who was reportedly injured on December 27, 2010. The mechanism of injury was listed as a slip and fall. The most recent progress note dated April 17, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness of the lumbar spine region at L4-L5 and L5-S1. There was a negative straight leg raise test. Diagnostic imaging studies of the lumbar spine indicated a recurrent disc pathology and electromyogram/nerve conduction velocity studies indicated a lumbar radiculopathy. Previous treatment included lumbar spine surgery x 2. A request was made for a sleep study and psychotherapy and was not certified in the pre-authorization process on May 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep Study QTY: 1.00:** 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-TWC) 2012 on the web ([www.odgtreatment.com](http://www.odgtreatment.com)) (updated 02/14/12): Polysomnography; Schneider-Helmet, 2003; Andersson, 2000.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Polysomnography, Updated July 10, 2014.

**Decision rationale:** According to the Official Disability Guidelines, a polysomnography is only indicated for (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. The attached medical record does not identify that the injured employee has any of these issues. Therefore, this request for a sleep study is not medically necessary.

**Psychotherapy Sessions QTY: 10.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388, Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT) Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, psychological treatment is indicated for intervention for chronic pain and includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). According to the medical record, the injured employee has had a previous psychiatric evaluation; however, the results of this are not available. Without this, assists for a need for a treatment for chronic pain, this request for 10 sessions of psychotherapy is not medically necessary.