

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0102980 |                              |            |
| <b>Date Assigned:</b> | 06/05/2015   | <b>Date of Injury:</b>       | 11/24/2009 |
| <b>Decision Date:</b> | 07/09/2015   | <b>UR Denial Date:</b>       | 04/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/28/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 45-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 24, 2009. In a Utilization Review report dated April 28, 2015, the claims administrator failed to approve a sleep study. The claims administrator referenced progress notes and RFA form of April 21, 2015 and April 6, 2015 in its determination. Also referenced was a medical-legal evaluation dated April 20, 2015, which stated that the applicant had depressive symptoms. The applicant's attorney subsequently appealed. On January 16, 2015, the applicant reported ongoing complains of low back pain status post earlier failed lumbar spine surgery and status post earlier spinal cord stimulator implantation. The applicant's medications included Norco, Motrin, Colace, aspirin, Zestril, MiraLax, Zantac, and tizanidine, it was reported. The applicant exhibited a visibly antalgic gait, was overweight, and was wearing a back brace, it was reported. The applicant's work status was not detailed, although it did not appear that the applicant was working. The applicant's psychiatric review of systems were positive for anxiety, depression, sleep disturbance, it was reported on this date (January 16, 2015). In a medical-legal evaluation dated August 19, 2014, it was acknowledged that the applicant had not worked since the date of the injury. It was acknowledged that the applicant had a history of previous alcohol and/or tobacco use allegedly quiescent as of that time. The applicant reported issues with sleep disturbance, it was incidentally noted. The applicant has also apparently attended a functional restoration program, it was suggested.

## 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 (Online Version), Polysomnography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress, Polysomnography (PSG).

**Decision rationale:** No, the request for a sleep study was not medically necessary, medically appropriate and indicated here. The MTUS does not address the topic of sleep studies. However, ODG's Mental Illness and Stress Chapter notes that polysomnography (AKA a sleep study) is not recommended for the routine evaluation of insomnia, especially insomnia associated with psychiatric disorders. Here, the applicant apparently had longstanding, well-described, known issues with depression, anxiety, and chronic pain. A sleep study would have been of no benefit in establishing the presence or absence of sleep disturbance associated with an underlying mental health disorder. Therefore, the request was not medically necessary.