

Case Number:	CM15-0103015		
Date Assigned:	06/05/2015	Date of Injury:	06/12/2009
Decision Date:	07/09/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	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 63-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression, anxiety, erectile dysfunction, and sleep disturbance reportedly associated with an industrial injury of June 12, 2009. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve a request for sleep study. A RFA form received on April 23, 2015 was referenced in the determination, along with an associated progress note dated March 26, 2015. The applicant and/or applicant's attorney personally appealed. The applicant wrote on the application dated May 28, 2015 that he could sleep without sleep pills. In a progress note dated April 20, 2015, the applicant reported ongoing complaints of chronic low back pain with derivative complaints of depression, erectile dysfunction, and alleged sleep dysfunction. The applicant denied having any sleep issues prior to the industrial injury. The applicant was using Norco and Colace. Ancillary complaints of headaches and nausea were reported. The applicant was also Flomax for alleged benign prostatic hypertrophy. The attending provider acknowledged that the applicant's insomnia was pain-related insomnia. The applicant was also described as having pain-related depression with some suicidal ideation. Multiple medications were renewed and/or continued.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), pain, 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, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Polysomnography topic notes that polysomnography or sleep studies are not recommended for the routine evaluation of insomnia, including chronic insomnia or insomnia associated with psychiatric disorders. Here, the applicant was described by the attending provider as having issues with pain-induced insomnia and/or depression-induced insomnia. A sleep study would have been of no benefit in establishing the presence of pain-induced or depression-induced insomnia, per ODG. Therefore, the request was not medically necessary.