

Case Number:	CM15-0107798		
Date Assigned:	06/12/2015	Date of Injury:	04/03/2015
Decision Date:	07/16/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/04/2015

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 64-year-old who has filed a claim for neck, back, shoulder, elbow, wrist, forearm, and hand pain with derivative complaints of headaches, depression, anxiety, and stress reportedly associated with an industrial injury of April 3, 2015. In a Utilization Review report dated May 12, 2015, the claims administrator approved requests for physical therapy, electrodiagnostic testing of the upper extremities and wrist braces, partially approved a psychiatric consultation only, and denied a request for a consultation with a sleep specialist. The claims administrator referenced a Doctor's First Report (DFR) dated April 14, 2015 in its determination. A variety of non-MTUS guidelines were invoked in the determination, including non-MTUS Chapter 7 ACOEM Guidelines. The applicant's attorney subsequently appealed. On April 14, 2015, the applicant presented alleging multifocal pain complaints including knee pain, ankle pain, back pain, shoulder pain, and upper extremity pain imputed to cumulative trauma at work between the dates September 26, 1979 through April 3, 2015. The applicant had apparently continued to work through March 2015 before applying for cumulative trauma, it was suggested. The applicant had developed derivative complaints of depression, anxiety, and insomnia reportedly attributed to psychological stress. Physical therapy, a psychiatry referral, and a sleep evaluation were endorsed while the applicant was given a 5-pound lifting limitation. It was suggested (but not clearly stated) that the applicant was not working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and treatment with psychiatric specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: The request for an evaluation and treatment (AKA referral) with a psychiatrist was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 388, referral to a mental health professional is indicated in applicants in whom symptoms persist beyond three months and are become disabling. Here, the applicant was seemingly off work as of the date of the request. The applicant had, furthermore, alleged continuing symptoms over the span of several years associated with cumulative trauma at work. Obtaining a referral with a psychiatrist, thus, was indicated, given the applicant's seemingly failure to return to work, coupled with the presence of various psychiatric issues. Therefore, the request was medically necessary.

Evaluation and treatment with sleep specialist: 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): Criteria for Polysomnography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines. Mental Illness & Stress, Polysomnography (PSG).

Decision rationale: Conversely, the request for an evaluation and treatment with a sleep specialist was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery, here, however, the attending provider did not state why he believed the applicant had a bona fide sleep issue or sleep-related issue. The attending provider's Doctor's First Report (DFR) of April 14, 2015 suggested that the applicant's sleep disturbance issues were a function of underlying psychopathology and/or multifocal pain complaints. ODG's Mental Illness and Stress Chapter notes that polysomnography and, by implication, the sleep specialist referral at issue here, should be considered only after psychiatric etiology has been excluded. Here, it did appear that the applicant's issues with sleep derangement were a function of underlying psychopathology and/or a function of underlying issues with pain-induced insomnia. It did not appear, thus, that the applicant was an appropriate candidate for a referral to a sleep specialist here. Therefore, the request was not medically necessary.