

<b>Case Number:</b>	CM15-0181493		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	10/16/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic shoulder and knee pain reportedly associated with an industrial injury of October 16, 2014. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for a sleep study. The applicant's attorney subsequently appealed. On August 3, 2015, the applicant reported complaints of shoulder, knee, and wrist pain. The applicant was reportedly pending a sleep study, it was reported. The applicant was placed off of work, on total temporary disability, on a "psychological basis," the treating provider reported. On an earlier note dated June 29, 2015, the applicant reported ongoing issues with depression, anxiety, and attendant difficulty sleeping. The applicant was asked to follow up with a psychologist, employ Norco for pain relief, and undergo a sleep study for his sleeplessness.

### 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Polysomnography (PSG) and Other Medical Treatment Guidelines Citation: Schutte-Rodin S; Broch L; Buysse D; Dorsey C; Sateia M. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med 2008; 4 (5): 487-504.

**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, the American Academy of Sleep Medicine (AASM) notes that polysomnography (AKA a sleep study) is not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. Here, the applicant was described as having ongoing issues with depression and anxiety present on a June 29, 2015 office visit at issue. A sleep study would have been of no benefit in establishing the presence or absence of depression-induced insomnia, per AASM, and per ODG's Mental Illness and Stress Chapter Polysomnography topic, which also states that polysomnography is not recommended in the treatment of insomnia associated with psychiatric disorders, as was seemingly present here. Therefore, the request was not medically necessary.