

Case Number:	CM15-0181577		
Date Assigned:	09/22/2015	Date of Injury:	03/07/2015
Decision Date:	11/03/2015	UR Denial Date:	08/22/2015
Priority:	Standard	Application Received:	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 pain syndrome and depression reportedly associated with an industrial injury of March 7, 2015. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve a request for sleep hygiene screening. The claims administrator referenced non-MTUS ODG Guidelines. The claims administrator contended that the request represented a request for two "brief" 8 and 9-question questionnaires. Office visits of August 7, 2015 and August 4, 2015 were referenced in the determination. On August 19, 2015, the treating provider acknowledged that the applicant was not working owing to issues with a digital amputation and derivative symptoms of depression. The applicant was pending further hand surgery. The applicant was on Effexor and Neurontin, it was reported. The applicant had a pending psychiatry evaluation, it was stated. The Epworth Sleepiness Scale questionnaire at issue was administered on August 11, 2015. The applicant was given a score of 10, in the normal range. In an associated progress note dated August 11, 2015, the applicant was described as having issues with chronic pain, depression, and derivative complaints of sleep disturbance. Work restrictions were endorsed. It was acknowledged 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:

Retrospective request for 1 sleep hygiene screening: Overturned

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: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Yes, the request for a sleep hygiene screening questionnaire was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 398, applicants should keep a written journal of the progress, including details on sleeping. By analogy, assessing the applicant's sleep habits via the questionnaire in question was indicated as the MTUS Guideline in ACOEM Chapter 15, page 399 also suggests counseling applicants on proper sleep and sleep hygiene. Here, thus, the applicant did present with complaints of sleep disturbance. Assessing the applicant's sleep issues prior to counseling the applicant on proper sleep hygiene was, thus, indicated, particularly in light of the fact that the August 11, 2015 visit at issue did seemingly revolve around assessment of the applicant's sleep hygiene. Therefore, the request was medically necessary.