

Case Number:	CM15-0193474		
Date Assigned:	10/07/2015	Date of Injury:	04/18/2013
Decision Date:	11/16/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/01/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This injured worker is a 54 year old female who reported an industrial injury on 4-18-2013. Her diagnoses, and or impressions, were noted to include: major depressive disorder; mild generalized anxiety disorder; and insomnia due to pain, depression and anxiety. No diagnostic studies were noted. Her treatments were noted to include: an initial psychological evaluation on 8-13-2015. The secondary doctor's first report of occupation injury report of 8-13-2015 reported complaints, which included: a depressed mood, anxiety, impaired sleep at 2 hours per night, diminished concentration, irritability, diminished appetite, weight gain, diminished libido, fatigue, worries, social detachment, fears of crying spells, muscle tension and agitation. The objective findings were noted as "psychological testing". The physician's requests for treatment were noted to include a sleep study. The Request for Authorization, dated 8-21-2015, was noted to include a sleep study. The Utilization Review of 9-6-2015 non-certified the request for a sleep study.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Polysomnography.

Decision rationale: Pursuant to the Official Disability Guidelines, sleep study is not medically necessary. Polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep promoting medications, and after psychiatric etiology has been excluded. Not recommended for routine evaluation of transient insomnia, chronic insomnia or insomnia associated with psychiatric disorders. The criteria are enumerated in the Official Disability Guidelines. Polysomnography is recommended for the following combination of indications: excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change; sleep-related breathing disorder; insomnia complaint at least six months (at least four nights a week); unresponsive to behavior intervention and sedative/sleep promoting medications and a psychiatric etiology has been excluded. A sleep study with the sole complaint of snoring is not recommended. In this case, the injured workers working diagnoses are major depressive disorder mild; generalized anxiety disorder; and insomnia due to depression, anxiety and pain. Date of injury is April 18, 2013. Request for authorization is August 31, 2015. According to a psychiatric initial evaluation dated August 13, 2015, the injured worker suffers with progressive stress and the inability to function secondary to pain. The injured worker also has difficulty with sleep. There is no documentation in the medical record of a six-month history with an insomnia complaint (at least four nights a week). There is no documentation of sleep promoting medications. A psychiatric etiology has not been excluded. The treating provider is treating the injured worker for depression and anxiety. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of a six-month history of insomnia and no documentation a psychiatric etiology has been excluded, a sleep study is not medically necessary.