

Case Number:	CM15-0203856		
Date Assigned:	10/20/2015	Date of Injury:	09/16/2013
Decision Date:	12/04/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/16/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 a 52 year old male whose date of injury is 09/16/2013. Diagnoses include chronic PTSD, unspecified depressive disorder and mild neurocognitive disorder secondary to motor vehicle accident. He has had neuropsychological cognitive rehabilitation in the past. UR of 09/21/2015 non-certified unknowns sessions of psychotherapy and polysomnography. On 09/28/15 he saw [REDACTED] in psychiatric follow up. Findings were consistent with his last visit of 08/17/2015. The patient reported continued improvement. His depression waxed and waned and was rated 6/10 at worst and PTSD symptoms were considerably improved as he no longer has nightmares. He continued to report impaired concentration, and loud snoring and interrupted breathing. Objective findings were mild-moderately depressed mood with congruent affect, predominantly sad, and cognitively with mildly impaired attention, concentration, and short term memory. Medications included Bupropion SR 300mg QD, Lunesta 3mg at HS prn, and Viagra 100mg as directed. Gabapentin 600mg BID and lidocaine patch prn were prescribed by another physician. Recommendations were outpatient psychiatric visits 1x month, continued psychotherapy every 2 weeks, and polysomnography to rule out obstructive sleep apnea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Sessions Of Psychotherapy: 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) Cognitive therapy for PTSD.

Decision rationale: 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. In-lab polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. None of the above criteria have been met and no insomnia has been documented. The patient is on Lunesta without rationale for use or report of efficacy, and the only rationale for this request appears to be the patient's report of loud snoring with interrupted breathing. This request is not medically necessary.

Polysomnography: 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) Polysomnography.

Decision rationale: 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. In-lab polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. None of the above criteria have been met and no insomnia has been documented. The patient is on Lunesta without rationale for use or report of efficacy, and the only rationale for this request appears to be the patient's report of loud snoring with interrupted breathing. This request is noncertified.