

<b>Case Number:</b>	CM15-0020548		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 51-year-old female who reported an injury on 10/31/2013. The mechanism of injury was not specifically stated. The injured worker is diagnosed with major depressive disorder and anxiety disorder. The only clinical documentation submitted for this review is a reconsideration on biofeedback psychotherapy submitted on 11/25/2014. It was noted that the previous request for biofeedback therapy had been denied. The injured worker had been provided with psychological treatment. There was no recent examination provided. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep referral with REM sleep:** 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 Chronic Pain Chapter, Polysomnography.

**Decision rationale:** The Official Disability Guidelines recommend a sleep study for a combination of indications. In this case, the injured worker does not maintain a diagnosis of insomnia disorder. There was no indication that this injured worker suffered from cataplexy, morning headache, intellectual deterioration, personality change, or sleep related breathing disorder. The medical necessity for the requested service has not been established in this case. As such, the request is not medically appropriate.