

Case Number:	CM15-0023500		
Date Assigned:	02/13/2015	Date of Injury:	08/26/2013
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/09/2015

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:

The injured worker is a 39 year old male, who sustained an industrial injury on 8/26/2013. The diagnoses have included anxiety state, unspecified. Treatment to date has included conservative measures. Currently, the injured worker complains of persistent symptoms of depression, anxiety, insomnia, and stress related medical complaints, arising from an industrial stress injury to the psyche. Symptoms included crying episodes, damaged self-esteem, fatigue, and trouble concentrating. He reported that his alcohol and tobacco use increased after his injury. He presented as defensive and guarded. Beck Depression Inventory score was 27, indicating a severe level of anxiety. Beck Scale for Suicidal Idealization was 0. Insomnia Severity Index score was 19, indicating moderate insomnia. The Neroticism Scale questionnaire was within normal limits. The Depression Scale score was within normal limits. His blood pressure was not documented. A complete medication listing was not noted. On 1/21/2015, Utilization Review non-certified a request for consultation with internal medicine and non-certified a request for sleep study with REM (rapid eye movement) sleep. The physician did not specify the guidelines utilized for decision making.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with internal medicine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 7, page 127, Postsurgical Treatment Guidelines.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, referral orthopedist evaluation and treatment right ankle is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured workers working diagnoses are taken from the psychotherapy evaluation and include unspecified anxiety disorder with depression; and psychological factors affecting medical condition (stress intensified headache, neck, shoulder, low back muscle tension, pain, nausea, shortness of breath, chest pain, palpitations, peptic acid reaction, and cramping and possible stress aggravated high blood pressure). There is no physical examination contained in the medical record. The injured worker has a multitude of subjective complaints, however, there is no physical examination and, specifically, no blood pressures documented in the medical record. The injured worker presented for psychotherapy on December 10, 2014. The treating provider did not reference prior medical records for the injured worker. The date of injury was August 26, 2013. The injured worker was seen and treated by providers prior to the December 10, 2014 psychotherapy progress note. Consequently, absent clinical documentation with a review of prior medical records and a recent physical examination with blood pressures, a referral for an internal medicine consultation is not medically necessary.

Sleep study 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 Pain section, Sleep study

Decision rationale: Pursuant to the Official Disability Guidelines, sleep study with REM sleep 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), etc. In this case, the injured worker's working diagnoses are taken from the psychotherapy evaluation and include unspecified anxiety disorder with depression; and psychological factors affecting medical condition (stress intensified headache, neck, shoulder, low back muscle tension, pain, nausea, shortness of breath, chest pain, palpitations, peptic acid reaction, and cramping and possible stress aggravated high blood pressure). There is no physical examination contained in the medical record. The injured worker has a multitude of subjective complaints, however, there is no physical examination and, specifically, no blood pressures documented in the medical record. The treating physician is referring the injured worker for a sleep study because her sleep-related difficulties are interfering with her psychological treatment. Polysomnography is recommended when there is a combination of the following indications. These indications include 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), etc. The requesting physician did not meet the criteria enumerated in the Official Disability Guidelines. The injured worker does not have cataplexy, morning headaches (specifically) with other causes ruled out; intellectual deterioration (some, without suspicion of organic dementia); personality change (not secondary to medication, cerebral mass for known psychiatric problems); sleep-related breathing disorder or periodic limb movement disorder; insomnia complaint for at least six months (at least four nights of the 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. Consequently, sleep study with REM sleep is not medically necessary.