

<b>Case Number:</b>	CM15-0044862		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	10/11/2010
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: 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 38-year-old [REDACTED] beneficiary who has filed a claim for chronic low back and hand pain reportedly associated with an industrial injury of October 11, 2010. In a Utilization Review Report dated February 24, 2015, the claims administrator failed to approve a request for polysomnogram. An October 7, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form dated February 16, 2015, a polysomnogram was endorsed. In an October 7, 2014 psychiatric medical-legal evaluation, the applicant was described as depressed, fatigue, and withdrawn throughout the evaluation. The applicant was apparently using topical compounded medications, Ultracet, Flexeril, and Zantac, it was acknowledged. The applicant had failed physical therapy and manipulative therapy, it was further noted. The medical-legal evaluator noted that the applicant's issues with sleep disturbance were likely a function of his depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Polysomnogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatments Index, 11th Edition (web), 2013, Pain, Polysomnogram.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Schutte-Rodin S; Broch L; Buysse D; Dorsey C; Sateia M. Clinical guideline for the evaluation and management of chronic in- somnia in adults. J Clin Sleep Med 2008; 4(5):487-504. Polysomnography and daytime multiple sleep latency testing (MSLT) are not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. (Standard).

**Decision rationale:** No, the request for a polysomnogram was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the American Academy of Sleep Medicine (AASM) notes that polysomnography is not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. Here, no clinical progress notes seemingly accompanied the February 16, 2015 Request for Authorization. No rationale for the sleep study was furnished. The applicant did have longstanding, well-described issues with depression-induced insomnia, it was further noted. A sleep study or polysomnogram would have been of no benefit in establishing the presence or absence of depression-induced insomnia, as was seemingly present here, per an October 7, 2014 psychiatric medical-legal evaluation. Therefore, the request was not medically necessary.