

Case Number:	CM15-0058400		
Date Assigned:	04/03/2015	Date of Injury:	09/27/2011
Decision Date:	05/06/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/27/2015

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 [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of September 27, 2011. In a Utilization Review report dated March 17, 2015, the claims administrator failed to approve a request for a sleep study. A RFA form dated March 9, 2015 was referenced in the determination, along with a progress note dated March 4, 2015. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated August 15, 2014, the applicant reported various complaints, including shoulder pain, neck pain, upper back pain, low back pain, mid back pain, dizziness, headaches, reflux, and various mental health issues including altered mood, irritability, and tearfulness with associated insomnia. In a January 6, 2015 progress note, the applicant reported ongoing issues with shoulder pain and low back pain. The applicant was on glipizide, metformin, Lantus, Mobic, and Elavil, it was acknowledged. Work restrictions and an orthopedic surgery evaluation were endorsed. The applicant was not working with said limitations in place, it was acknowledged.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

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 insomnia in adults. J Clin Sleep Med 2008; 4(5):487-504. Polysomnography and daytime multiple sleep latency test- ing (MSLT) are not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. (Standard).

Decision rationale: No, the proposed sleep study 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 (AKA a sleep study) is not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. Here, however, the applicant's medical-legal evaluator reported on August 15, 2014 and January 10, 2015 that the applicant had developed issues with irritability, altered mood, and tearfulness with derivative symptoms of insomnia. Thus, the applicant's issues with sleep disturbance do appear to stem from underlying psychopathology. A sleep study would be of no benefit in establishing the presence or absence of mental health-induced insomnia, per AASM. Therefore, the request was not medically necessary.