

<b>Case Number:</b>	CM15-0060012		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	07/24/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 57 year old female, who sustained an industrial injury on 7/24/14. She reported initial complaints back pain. The injured worker was diagnosed as having spasm of muscle; lumbar radiculitis; cervical, thoracic myospasm; plantar fasciitis; anxiety; depression. Treatment to date has included acupuncture, chiropractic care; injections; lumbar brace; MRI thoracic, left foot (2/20/15); medications. Currently, the PR-2 notes dated 2/16/15 indicate the injured worker complains of low back pain that radiates down to the leg causing numbness and tingling. She reports heart surgery 9/2014 and other notes confirm she had a heart attack. The examination indicates constant moderate neck, upper, mid back and low back pain with numbness extending from back down to her left leg and left heel. Also complains of left foot pain with depression and anxiety. The provider has requested a sleep study and psychological consult due to chronic pain and sleep disturbance issues.

### 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 - Treatment for

Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 02/23/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Polysomnography.

**Decision rationale:** Pursuant to the Official Disability Guidelines, sleep study 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 cervical myospasm; rule out cervical disc protrusion; left thoracic disc protrusion; thoracic myospasm; lumbar radiculitis; plantar fasciitis; anxiety and depression. The documentation from progress notes dated January 21, 2015 and February 16, 2015 do not show evidence of insomnia for at least six months, excessive daytime somnolence, cataplexy, personality change, sleep-related breathing disorder, etc. The documentation in the medical record refers to a sleep disturbance. There is no documentation with the clinical indication, rationale for discussion for a sleep study. Consequently, absent clinical documentation meeting the criteria for a sleep study, sleep study is not medically necessary.

**Psychological consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100 and 101.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Page 137-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Psychology Evaluation.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, psychological evaluation 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. Psychological evaluations are recommended based on the clinical impression of psychological condition that impacts recovery. In this case, the injured worker's working

diagnoses are cervical myospasm; rule out cervical disc protrusion; left thoracic disc protrusion; thoracic myospasm; lumbar radiculitis; plantar fasciitis; anxiety and depression. The documentation indicates the injured worker is currently undergoing extracorporeal shock wave therapy and will be starting acupuncture. A psychological evaluation is premature until conservative measures are completed. Consequently, absent clinical documentation with completed extracorporeal shock wave therapy and acupuncture, a psychological evaluation is not medically necessary.