

<b>Case Number:</b>	CM14-0134827		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 male with an unknown date of birth who reported an injury on 02/07/2014. The mechanism of injury was noted to be continuous emotional trauma within the work place. His diagnosis was noted to be industrially related adjustment disorder with mixed anxiety and depressed mood, chronic. There was no pertinent diagnostic testing or surgical history noted within the review. His prior treatments were noted to be medications. A clinical evaluation on 07/05/2014 indicated subjective complaints of recurrent insomnia. The documentation submitted did not indicate an objective exam of psychopathology. Relevant medications were noted to be Wellbutrin 75 mg 4 times daily. The treatment plan included psychotherapy on a biweekly basis with treatment emphasis to include cognitive therapy for depression, anxiety reduction, pain control and supportive care. The provider's rationale for the request was noted within the documentation submitted for review; a Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep study consult and treatment as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Practice Guidelines, 2nd Edition, 2004 page 127.

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

**Decision rationale:** The Official Disability Guidelines state after at least 6 months of an insomnia complaint (at least 4 nights a week) a patient unresponsive to behavior intervention and sedative/sleep promoting medications and after psychiatric etiology has been excluded, may benefit from a sleep study. The criteria includes excessive daytime somnolence; cataplexy; morning headaches; intellectual deterioration; personality change; sleep related breathing disorders. The documentation provided for review dated 07/05/2014 does not provide adequate documentation to support criteria for a sleep study. The request for sleep study consult and treatment as needed is not medically necessary.

**Internal medicine consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress (updated 6/12/14) Office visits.

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

**Decision rationale:** The Official Disability Guidelines state office visits are recommended as determined to be medically necessary. Evaluation and management about patient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker and should be encouraged. The need for a clinical office visit with a healthcare profession is individualized based upon review of the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The documentation submitted for review does not indicate any change in medications or opiates, antibiotics or any medically necessary reason for an internal medicine consultation. As such, the request for an internal medicine consultation is not medically necessary.