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| Case Number: | CM14-0181570 | | |
| Date Assigned: | 11/06/2014 | Date of Injury: | 08/05/2014 |
| Decision Date: | 12/12/2014 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 10/31/2014 |

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for depression, generalized anxiety disorder, insomnia, and psychological stress reportedly associated with cumulative trauma at work between the dates of March 11, 2013 through August 5, 2014. In a Utilization Review Report dated October 23, 2014, the claims administrator approved a psychological consultation while denying a sleep study. The applicant's attorney subsequently appealed. In a September 11, 2014 progress note, the applicant presented alleging development of anxiety and depression associated with heavier workload at work. The applicant did have a variety of comorbidities, including type 1 diabetes, hypertension, scleroderma, osteoporosis, and glaucoma. The applicant was using insulin, methotrexate, losartan, and Lumigan eye drops, it was noted. The applicant was placed off of work, on total temporary disability, while authorization was sought for psychological consultation and a sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Clinical Guideline for Evaluation and Management of Chronic Insomnia in Adults.

Decision rationale: The MTUS does not address the topic. However, the American Academy of Sleep Medicine (AASM) notes that polysomnography/sleep studies are not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders here. Here, the applicant did present with a primary complaint of depression and anxiety secondary to psychological stress generated by heightened workload. A sleep study, per AASM, would be of no benefit in establishing the presence or absence of depression-induced insomnia, as it is seemingly present here. Therefore, the request is not medically necessary.