

<b>Case Number:</b>	CM14-0212931		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	10/09/2014
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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

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:

Injured worker is a male with date of injury 10/9/2014. Per doctor's first report of occupational injury or illness dated 11/11/2014, the injured worker complains of increasing stress, anxiety, stomach upset and sleep difficulties, as well as increasing neck pain, back pain, shoulder, elbow, wrist and hand pain with numbness and tingling to his fingers. Diagnoses include multiple musculoskeletal disorders, complains of stress, anxiety, and depression secondary to chronic pain, complaints of gastritis secondary to work-related stressors, and sleep difficulties secondary to chronic pain and work-related stressors.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep medicine consultation:** 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 Insomnia Treatment

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, 90, 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress chapter, Insomnia.

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The MTUS Guidelines do not address insomnia treatment. The ODG recommends correcting sleep deficits as non-restrative sleep is one of the strongest predictors of pain. This request is for a sleep medicine consultation due to sleep difficulties stemming from chronic pain and work-related stressors. Utilization review recommended non-certification due to date of injury 10/9/2014 indicating that the injured worker is still in the acute phase with recent reports of difficulty sleeping. There is no indication of a trial of good sleep hygiene techniques or treatment of comorbid conditions prior to sleep medicine consultation. ODG recommends the following to address sleep hygiene: (a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. The request for sleep medicine consultation is determined to not be medically necessary.