

Case Number:	CM15-0113704		
Date Assigned:	06/22/2015	Date of Injury:	01/14/2011
Decision Date:	07/28/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/12/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 37 year old female who sustained an industrial injury on 01/14/2011. Mechanism of physical injury was cumulative trauma. Diagnoses include major depressive disorder, insomnia related to major depressive disorder and pain disorder associated with both psychological factors and a general medical condition. Treatments were not documented in the medical records presented. A physician progress note dated 04/24/2015 documents the injured worker has pain to the neck, shoulders, back, right hip, legs and feet. She rates her pain in all areas between 9 to 10 out of 10. She expresses depression, anxiety, sleeplessness and pain. Several documents within the submitted medical records are difficult to decipher. A sleep study was requested to address reduced and erratic sleep due to work related chronic pain. Treatment requested is for Sleep Study.

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 (ODG), Mental Illness and Stress chapter.

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

Decision rationale: ODG requires 6 months of insomnia complaints that is unresponsive to behavioral intervention and when psychological etiology has been ruled out. The patient in this case has had insomnia greater than 6 months, but there is no evidence that behavioral modification has been attempted. In addition, the patient has been diagnosed with major depressive disorder and insomnia secondary to depression. Sleep studies are not recommended in patients with depression and chronic pain. There is also no documentation of excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality changes, breathing disorder or movement disorder, which are all indications for a sleep study. Thus, in this case, there is no medical necessity for a sleep study.