

Case Number:	CM15-0164904		
Date Assigned:	10/13/2015	Date of Injury:	01/22/2015
Decision Date:	11/25/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/21/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 32 year old male sustained an industrial injury on 1-22-15. Documentation indicated that the injured worker was receiving treatment for panic disorder, depressive disorder and psychological factors affecting medical condition. Previous treatment included psychotherapy and medications. In a PR-2 dated 7-22-15, the injured worker complained of changes in appetite, difficulty getting to sleep, excessive worry, jumpiness, muscle tension, difficulty thinking, pressure, diminished self-esteem and nausea. The physician stated that the injured worker had initially presented (2-17-15) confused with depressed facial expressions, visible anxiety and emotional withdrawal. The physician stated that there was function improvement on current exam as the injured worker could now comprehend television. The treatment plan included continuing psychiatric care. In a notification of medical referral letter dated 8-10-15, the physician stated that the injured worker was experiencing sleep symptoms that were complicating and interfering with his psychiatric treatment. The physician was requesting consultation, evaluation, testing and treatment at REM sleep labs, a specialist in sleep for symptoms of insomnia. On 8-20-15, Utilization Review non-certified a request for referral to internal medicine doctor for sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to internal medicine doctor for sleep study: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, and page 127.

Decision rationale: The patient was injured on 01/22/15 and presents with changes in appetite, difficulty getting to sleep, excessive worry, jumpiness, muscle tension, difficulty thinking, pressure, diminished self-esteem and nausea. The request is for a referral to internal medicine doctor for sleep study. The utilization review rationale is that there is no indication of why an internist would be qualified to address the claimant's issues with sleep disturbance secondary to underlying psychological stress/underlying psychopathology. The RFA is dated 08/04/15 and the patient's current work status is not provided. MTUS/ACOEM, 2nd Edition, (2004) ACOEM guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The patient is diagnosed with panic disorder, depressive disorder and psychological factors affecting medical condition. Treatment to date includes psychotherapy and medications. The reason for the request is not provided. ACOEM/MTUS guidelines indicate that such consultations are supported by guidelines at the care provider's discretion. Given this patient's ongoing complaints of sleep difficulty, a consultation with a specialist is appropriate. Therefore, the request is medically necessary.