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| Case Number: | CM15-0040722 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 07/18/2014 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 02/19/2015 |
| Priority: | Standard | Application Received: | 03/03/2015 |

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 53 year old male, who sustained an industrial injury on 7/18/2014. The current diagnoses are insomnia, sleep disorder, anxiety, and depression secondary to chronic pain and disability. Treatment to date has included medications, MRI, X-rays, physical therapy, and acupuncture. According to the progress report dated 2/2/2015, the injured worker complains of low back pain and stiffness with numbness and tingling extending to the bilateral buttocks and posterior thighs, left knee pain, swelling, and distrust, left lateral hip pain, anxiety, depression, and insomnia. The current plan of care includes consultation with a sleep specialist, consultation with a psychiatrist, chiropractic manipulative therapy with adjunctive physiotherapeutic modalities, Tylenol #3, and orthopedic surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a Sleep Specialist: 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, Polysomnography.

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

Decision rationale: According to ODG Polysomnography (PSG) is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Home portable monitor testing may be an option. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. It is administered by a sleep specialist, a physician who is Board eligible or certified by the American Board of Sleep Medicine, or a pulmonologist or neurologist whose practice comprises at least 25% of sleep medicine. The request for Consultation with a Sleep Specialist is excessive and not medically necessary as Sleep studies which are performed by sleep specialists are not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. The injured worker does not fulfill the guideline criteria for a polysomnogram or a sleep study at this time.

Consultation with a Psychiatrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 398.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities." The submitted documentation indicates that the injured worker suffers from symptoms anxiety, depression, and insomnia. A specialty referral is indicated for the psychiatric symptoms that the injured worker has been experiencing. Thus, the request for Consultation with a Psychiatrist is medically necessary. Will respectfully disagree with UR physician's decision.