

Case Number:	CM15-0062253		
Date Assigned:	04/08/2015	Date of Injury:	08/03/2013
Decision Date:	05/12/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/01/2015

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: Texas, New York, 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:

The applicant is a represented 62-year-old who has filed a claim for chronic hand, wrist, and finger pain reportedly associated with an industrial crush injury of August 3, 2013. In a Utilization Review report dated March 11, 2015, the claims administrator failed to approve a request for sleep study. Progress notes and RFA forms of January 21, 2015, and February 25, 2015, were referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten note dated January 21, 2015, the applicant reported ongoing complaints of hand and wrist pain. A psychiatry consultation, internist consultation, and a sleep study were seemingly endorsed. The note comprised almost entirely of preprinted checkboxes and contained little-to-no narrative commentary. The applicant was ultimately placed off of work, on total temporary disability. On December 17, 2014, the applicant was asked to consult a psychiatrist. 12 sessions of physical therapy were endorsed. Once again, the applicant was placed off of work, on total temporary disability, for six weeks.

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), Pain (Chronic), Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Schutte-Rodin S; Broch L; Buysse D; Dorsey C; Sateia M. Clinical guideline for the evaluation and management of chronic in- somnia in adults. J Clin Sleep Med 2008;4(5):487-504. Polysomnography and daytime multiple sleep latency test- ing (MSLT) are not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. (Standard).

Decision rationale: No, the request for a sleep study was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the American Academy of Sleep Medicine (AASM) notes that the polysomnography (AKA, sleep study) is not indicated in the routine evaluation of insomnia and, in particular, insomnia due to psychiatric or neuropsychiatric disorders. Here, the applicant was described as having various issues with psychological stress. The applicant had been asked to consult a psychiatrist on several handwritten progress notes, referenced above. A sleep study, as suggested by AASM, would have been of no benefit in establishing the presence or absence of depression-induced insomnia, as was apparently present here. Therefore, the request was not medically necessary.