

Case Number:	CM15-0072170		
Date Assigned:	04/22/2015	Date of Injury:	12/15/2014
Decision Date:	06/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/15/2015

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: 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 injured worker is a 52 year old male who sustained an industrial injury on 12/15/2014. Current diagnoses include major depressive disorder, insomnia due to pain, depression, and anxiety, and post-traumatic stress disorder. Previous treatments included medication management and finger surgery. Initial complaints included an injury to the left middle finger that cut off part of his finger. Report dated 03/05/2015 noted that the injured worker presented with complaints that included depressed mood, anxiety, impaired sleep, diminished concentration, irritability, diminished appetite, weight loss, diminished libido, fatigue, worries, crying spells, nightmares, hyper vigilance, muscle tension and agitation. Pain level was not included. Psychological testing was performed, but no results were included. The treatment plan included requests for medication consultation, biofeedback sessions, sleep study, and referral to a hand specialist. Disputed treatments include 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 cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines do not address the use of sleep evaluation. The ODG recommends the use of polysomnogram 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. Other indications include excessive daytime somnolence, cataplexy, morning headache (other causes have been ruled out), intellectual deterioration, personality change, sleep-related breathing disorder or periodic limb movement disorder is suspected. In this case, the medical records do not provide any indication that behavior intervention therapy has been attempted. While there has been psychiatric testing for a possible psychological etiology, the results are not available for evaluation. The request for sleep study is determined to not be medically necessary.