

Case Number:	CM15-0076769		
Date Assigned:	04/28/2015	Date of Injury:	06/07/2007
Decision Date:	05/26/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/21/2015

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: New York
 Certification(s)/Specialty: Internal 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:

This 32 year old woman sustained an industrial injury on 6/7/2007. The mechanism of injury is not detailed. Diagnoses include major depressive disorder rule out mood disorder, lumbar spine injury, and chronic pain. Treatment has included oral medications. Physician notes dated 3/19/2015 show for evaluation and treatment. No medical complaints are identified. Recommendations include referral to a primary treating physician, cognitive behavioral psychotherapy, dental evaluation, formal sleep study, designate worker's mother as the formal caregiver, and transportation to medical appointments.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Sleep Study.

Decision rationale: There is no documentation provided indicating the claimant requires a sleep study per ODG guidelines. There is no history of excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change (not secondary to medication, cerebral mass or known psychiatric problems), sleep-related breathing disorder or periodic leg movement disorder suspected or insomnia lasting for at least six months unresponsive to behavior intervention and sedative/sleep-promoting medication and psychiatric etiology has been excluded. There is documentation the claimant has stress and difficulty sleeping but there is no evidence that the claimant has obstructive sleep apnea symptoms such as apnea spells, excessive snoring, and excessive daytime fatigue. Medical necessity for the requested item has not been established. The requested item is not medically necessary.