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## Independent Medical Review Final Determination Letter

■  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/24/2013

|   |              |                              |            |
|---|--------------|------------------------------|------------|
| <b>IMR Case Number:</b>                                   | CM13-0008962 | <b>Date of Injury:</b>       | 09/09/2011 |
| <b>Claims Number:</b>                                     | [REDACTED]   | <b>UR Denial Date:</b>       | 07/26/2013 |
| <b>Priority:</b>  | STANDARD     | <b>Application Received:</b> | 08/13/2013 |
| <b>Employee Name:</b>                                     | [REDACTED]   |                              |            |
| <b>Provider Name:</b>                                     | [REDACTED]   |                              |            |
| <b>Treatment(s) in Dispute Listed on IMR Application:</b> |              |                              |            |
| SLEEP STUDY   |              |                              |            |

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]  
[REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventive Medicine and Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### CLINICAL CASE SUMMARY

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

The patient is a represented 44-year-old who has filed a claim for chronic knee pain, chronic low back pain, and chronic neck pain reportedly associated with an industrial injury of September 9, 2011. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; electrodiagnostic testing of June 28, 2013, notable for an S1 radiculopathy; and extensive periods of time off of work, on total temporary disability. In a utilization review report of July 17, 2013, the claims administrator denied a request for a sleep study. The patient's attorney later appealed, on August 6, 2013. An earlier note of July 25, 2013 is highly templated, notable for comments that the patient reports headaches, pain, and insomnia. The patient has a pending psychiatric consultation. The patient is using a cane, and is given analgesic medications, topical agents, and asked to remain off of work, on total temporary disability. A subsequent note on September 5, 2013 again is notable for the comments that the patient has still not seen a psychiatrist, is emotionally upset, is having difficulty sleeping at night, and remains off of work, on total temporary disability.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Sleep study consultant with medical report is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Pain Chapter, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on 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, pgs.487-504, <http://www.aasmnet.org/Resources/clinicalguidelines/040515.pdf>, which is not part of the MTUS.

The Physician Reviewer's decision rationale: The MTUS does not specifically address the topic for sleep studies. As noted in the American Academy of Sleep Medicine (AASM), practice guidelines on the evaluation and management of chronic insomnia in adults, polysomnography is not indicated in the evaluation of chronic insomnia, particularly insomnia secondary to psychiatric disorders. In this case, the employee is having ongoing issues with psychological stress, depression, etc. The employee has a pending psychiatric evaluation. Per AASM, a sleep study is not indicated in the context of the employee's mental health induced insomnia. Sleep studies are endorsed when there is reasonable clinical suspicion of a bona fide sleep disorder such as obstructive sleep apnea, narcolepsy, etc. In this case, however, there is no such evidence. **The request for sleep study consultant with medical report is not medically necessary and appropriate.**

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[REDACTED]

CM13-0008962