

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	2/17/2010
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0008046

- 1) MAXIMUS Federal Services, Inc. has determined the request for **home CPAP is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **home CPAP is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent medical doctor who made the decision 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 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

This is a 49-year-old woman, originally injured in 2010- 2/17 and 6/27. Both times she states that she truck her head against a medication cabinet door that was left ajar, while working as a nurse, resulting in headache and neck pain. She now complains of ongoing problems, and has been diagnosed with head contusion, cervical strain/sprain, chronic headache, left shoulder impingement syndrome and sleep disturbance by her occupational physician, Dr. [REDACTED]. On an exam by Dr. [REDACTED], Qualified Medical Evaluator, she was also diagnosed with bilateral carpal tunnel syndrome, left cubital tunnel syndrome, in addition to bilateral trapezius strain and right shoulder strain. MRI showed multilevel small disc bulges, and neurodiagnostic testing was negative. He felt that had reached MMI with resultant impairment – 7% whole body impairment for the cervical spine, and 4% for each upper extremity.

Her pain is managed with Tylenol with codeine #3, Fioriact, tizanidine and “Transdermal medications.”

She had prior neck pain and headaches, documented at least back to 2000, treated by her primary care provider, noted by Dr. [REDACTED] in his chart review 4/23/12.

Dr. [REDACTED], neurologist, requested approval for CPAP on 7/3/13, for treatment of what he defined “moderate” obstructive sleep apnea. He noted that she required some adjustment because of discomfort wearing the CPAP and requested continuous use of the device. On her 5/4/2012 sleep study, he found her comfort level to be good, but she stated her sleep was the same and she awakened feeling unrested. The examination was normalized, however. The request was rejected because the reviewer felt the claimant had mild sleep apnea, with an apnea-hypopneic index that was low (6.9) and did not require CPAP.

### **Documents Reviewed for Determination:**

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)

#### **1) Regarding the request for home CPAP:**

##### The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on articles <http://emedicine.medscape.com/article/295807-treatment#aw2aab6b6b2> and <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2564770>, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), which is part of the MTUS.

##### Rationale for the Decision:

There is nothing in the records supporting the condition of obstructive sleep apnea to have resulted from this occupational injury. The treating physician, Dr. [REDACTED] does not list this as an occupational issue related to the claim. In his 7/11/13 note, he specifically does not list OSA as a diagnosis, although he does note a “sleep disturbance” on several reports. The employee is treated with respiratory depressants, narcotics and sedative medications to help control discomfort.

Dr. [REDACTED] writes an extensive report 8/24/12, and in it, he outlines the need for CPAP, supported by literature. However, he makes no correlation between the employee’s OSA and head injury. He makes the argument that the employee’s body habitus (short, obese) and Mallampati score describing crowding in the posterior Oropharynx. He also makes the argument that treatment of OSA with CPAP will improve the headaches. This is not borne out in documentation reviewed, however.

There is no corresponding guideline in the California MTUS (Medical Treatment Utilization Schedule) to apply to the use of CPAP. CPAP is not mentioned as a recommended treatment modality in the Neck chapter. **The request for home CPAP is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.