

Case Number:	CM13-0011261		
Date Assigned:	12/11/2013	Date of Injury:	11/27/2012
Decision Date:	01/17/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/15/2013

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 Internal Medicine and Cardiology, was fellowship trained in Cardiovascular Disease, and is licensed to practice in Texas and 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old male who reported an injury on 11/27/12 due to significant stressors in the work environment. The patient developed headaches that led to nose bleeds. The patient was initially evaluated and treated with medications, then referred to a cardiologist who provided medication management to the patient. The patient complained of fatigue, hypertension, and snoring that had increased over the previous 2 weeks. The patient's physical findings included positive for dyspnea with 1+ edema in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study with CPAP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary; and Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th ed.

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.

Decision rationale: The clinical documentation does indicate the patient has had excessive fatigue for at least two weeks. The Official Disability Guidelines recommend a sleep study for a combination of indications which include excessive daytime sleepiness; cataplexy, morning headaches; intellectual deterioration; personality changes; insomnia complaints for at least 6 months, having been unresponsive to behavioral intervention and sedative/sleep-promoting medications; and that psychiatric etiology has been excluded. The clinical documentation submitted for review does not indicate the patient has had complaints of insomnia for longer than two weeks. There is no indication the patient's fatigue has been unresponsive to behavioral intervention and medication management. As such, the requested sleep study with CPAP is not medically necessary or appropriate.