MAXIMUS Federal Services

| Case Number: | CM13-0014374 | | |
|---|---|---|---|
| Date Assigned: | 03/12/2014 | Date of Injury: | 08/26/2008 |
| Decision Date: | 04/29/2014 | UR Denial Date: | 08/17/2013 |
| Priority: | Standard | Application Received: | 08/20/2013 |

## 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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/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 52-year-old female who reported an injury on August 26, 2008. The mechanism of injury was not stated. The patient is currently diagnosed with fibromyalgia, status post lumbar laminectomy, and chronic musculoligamentous strain of the cervical spine. A Request for Authorization was submitted by [redacted] on June 06, 2013 for a continuous positive airway pressure (CPAP) machine. The latest physician progress report was on April 11, 2013. The patient reported persistent neck pain with headaches. Physical examination revealed tenderness to palpation, positive axial loading compression testing, positive Spurling's maneuver, painful and restricted range of motion, dysesthesia in the C5-7 dermatomes, tenderness at the right shoulder and right medial epicondyle, painful lumbar range of motion, tenderness at the right greater trochanteric area, and a well-healed incision over bilateral knees.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CPAP MACHINE AND SUPPLIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Apollo Managed Care

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine. Department of Health and Human Services National Institutes of Health.

**Decision rationale:** CPAP is a treatment that delivers slightly pressured air during the breathing cycle, which keeps the windpipe open during sleep and prevents episodes of blocked breathing in patients with obstructive sleep apnea and other breathing problems. There was no physician progress report submitted on the requesting date. Therefore, there is no evidence of obstructive sleep apnea or breathing problems. There is no documentation of a sleep study indicating obstructive sleep apnea. The medical necessity has not been established. Therefore, the request is non-certified.