

Case Number:	CM13-0016378		
Date Assigned:	11/06/2013	Date of Injury:	09/29/2006
Decision Date:	02/05/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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. 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:

This is a 53 year-old male with a 9/29/06 industrial injury claim. The IMR application shows a dispute with the 8/15/13 UR decision. The 8/15/13 UR decision is by [REDACTED], and is for partial certification of a CPAP and heated humidifier and CPAP supplies for 3 months, instead of the 99 months requested. The UR letter states they reviewed the 5/31/13 report from [REDACTED]. The 5/31/13 report is a sleep study noting the sleep architecture was improved with increased REM sleep with CPAP and that it was tolerated well. The patient was diagnosed with obstructive sleep apnea; loud snoring; and amelioration of OSA with CPAP therapy at 8.0cm water pressure.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUOUS AIRWAY PRESSURE (CONTINUOUS POSITIVE AIRWAY PRESSURE) DEVICE (E0601) AND HEATED HUMIDIFIER (e0562) AND CONTINUOUS POSITIVE AIRWAY PRESSURE SUPPLIES 99 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9 of 127.

Decision rationale: Pain is subjective. It cannot be readily validated or objectively measured (AMA Guides, 5th Edition, page 566). Furthermore subjective reports of pain severity may not correlate well with its functional impact. Thus, it is essential to understand the extent that function is impeded by pain (AMA Guides, 5th Edition, page 578). The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life.

(http://www.medbd.ca.gov/pain_guidelines.html). Additionally, fluctuations are likely to occur in the natural history of patients with chronic pain. Exacerbations and "breakthrough" pain may occur during the chronic clinical course and adjustments to the treatment will be necessary.

Conclusion We now have an appreciation that chronic pain is associated with structural and functional changes of the peripheral and central nervous system. These changes can lead to the generation and maintenance of chronic pain conditions with its associated disability. While biologic mechanisms play a role in the perception of pain, it is also important to recognize that psychological and environmental factors are important. Recognition of these factors will allow the physician to better (1) treat the recently injured patient, (2) identify the "at risk" patient, and (3) refer the patient with intractable chronic pain to the appropriate resources. A full assessment of the patient is required to determine the best approach in any given case. Therapy for chronic pain ranges from single modality approaches for the straightforward patient to comprehensive interdisciplinary care for the more challenging patient. Therapeutic components such as pharmacologic, interventional, psychological and physical have been found to be most effective when performed in an integrated manner. All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Typically, with increased function comes a perceived reduction in pain and increased perception of its control. This ultimately leads to an impr