

<b>Case Number:</b>	CM13-0021589		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	03/17/2010
<b>Decision Date:</b>	01/03/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 & Rehabilitation 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.

### 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 42-year-old male who reported injury on 03/15/2010 with the mechanism of injury being the patient was lifting a helicopter with a co-worker and injured his low back. The patient had mild sleep apnea with 6 episodes of obstructive sleep apnea, 49 episodes of obstructive hypopnea and an apnea/hypopnea index of 24.9 episodes of major obstructions of the air flow occurring every hour during REM sleep, with an 89% oxygenation level. The patient was noted to have clenching and bracing of the facial musculature, which caused headaches. Diagnosis was stated to be bruxism with mild obstructive sleep apnea. The treatment was noted to include a DME custom obstructive airway oral appliance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME custom obstructive airway oral appliance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Efficacy of an Adjustable Oral Appliance and Comparison with Continuous Positi

**Decision rationale:** California MTUS/ACOEM does not address custom obstructive airway oral appliances. Official Disability Guidelines does not address custom obstructive airway oral appliances. Per Aaron B. Holley, MD, et. al. (2011) "A recent American Academy of Sleep Medicine (AASM) guideline concluded that OAs are less effective than continuous positive airway pressure (CPAP) but are a reasonable alternative for patients with mild to moderate obstructive sleep apnea (OSA) in specific situations". Per the office note dated 09/23/2013, the patient was noted to have his first evaluation on 04/29/2013 at which time the patient was noted to have clenching and grinding of the teeth at night in response to the industrial related orthopedic pain and any resultant emotional stressors. The patient was noted to have occasional minimal headaches in the temple area bilaterally. The patient was noted to wake up with headaches and have dry mouth upon waking in the morning and sleep disturbances and fatigue. Upon physical examination, the physician noted that the patient had teeth indentation/scalloping of the right and lateral borders of the tongue. The patient was noted to have a bite mark line/buccal mucosal ridging of the inner right and left cheeks. The patient was noted to have wear surfaces on his teeth. It was further noted that, if approved, the obstructive airway oral appliance would need to be replaced or relined throughout the patient's lifetime as needed. The patient was diagnosed with 327.6 obstructions of the airway during sleep. Clinical documentation submitted for review indicated the patient had a diagnosis of mild obstructive sleep apnea. It is noted that the patient clenches his teeth and braces the facial musculature in response to orthopedic pain, as well as in response to the resultant emotional stressors that have been experienced due to injury. As per documentation, patient treatment was noted to include a unique and highly specialized obstructive airway oral appliance to bring the mandible and tongue into a forward position opening the patient's airway for increased oxygenation. The patient was noted to have a Polysomnogram which revealed mild sleep apnea with 6 episodes of obstructive sleep apnea, 49 episodes of obstructive hypopnea and an apnea/hypopnea index of 24.9 episodes of major obstructions of the air flow occurring every hour during REM sleep, with an 89% oxygenation level. Clinical documentation submitted for review indicated the patient had mild obstructive sleep apnea and per the recommendations of Aaron B. Holley, MD, et. al., an obstructive airway oral appliance would be an alternative to a CPAP machine. However, the Polysomnogram was not provided for review with the official read. There clinical documentation indicated that the patient was to be using a CPAP machine, but as per the office note of 09/23/2013, per the patient he was not given a CPAP treatment. Given the above, the lack of supporting documented clarification reg