

Case Number:	CM13-0022489		
Date Assigned:	10/11/2013	Date of Injury:	02/03/2010
Decision Date:	05/08/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/10/2013

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 Family Practice, has a subspecialty in Pain 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 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 56 yr. old obese female sustained a work injury on 2/3/10 resulting in neck, and lower extremity injuries. Her diagnoses included lumbar strain, right ankle strain, shoulder bursitis, shoulder impingement and right knee chondromalacia. She has received physical therapy and undergone knee arthroscopy. An examination report on 10/6/12 stated that the claimant had gained weight due to the injury and immobility. She had morning headaches and hypertension. She had difficulty staying asleep due to pain as well. The symptoms were determined to be consistent with sleep apnea. A sleep study noted that she had 11 apnea episodes and spontaneous arousals. A recommendation was made for an ENT evaluation, CPAP study and weight loss. A 1/16/13 report stated she also had difficulty sleeping and wakes 2 to 3 times per night. An examination report on 5/14/13 indicated she had difficulty with walking, continued knee pain and a positive axial load test consistent with prior diagnoses of cervical disc disease. A request was made for a CPAP for sleep apnea.

IMR ISSUES, DECISIONS AND RATIONALES

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

A continuous positive airway pressure (CPAP) device: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: SCOTTISH INTERCOLLEGIATE GUIDELINES

NETWORK (SIGN): MANAGEMENT OF OBSTRUCTIVE SLEEP APNEA/HYPNOPNEA SYNDROME IN ADULTS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: AHRQ- U.S. DEPT OF HEALTH GUIDELINES FOR SLEEP APNEA.

Decision rationale: The MTUS and ACOEM guidelines do not make a recommendation on CPAP or Sleep Apnea. According to the AHRQ cited above: Recommendation 1: The American College of Physicians (ACP) recommends that all overweight and obese patients diagnosed with obstructive sleep apnea (OSA) should be encouraged to lose weight. Obesity is a risk factor for OSA, and evidence showed that intensive weight-loss interventions help reduce Apnea-Hypopnea Index (AHI) scores and improve OSA symptoms. Weight loss is also associated with many other health benefits other than for OSA. Other factors, such as alcohol and opioid use, may be associated with adverse outcomes in patients with sleep apnea, but these factors were not addressed in the evidence review. Recommendation 2: ACP recommends continuous positive airway pressure (CPAP) treatment as initial therapy for patients diagnosed with OSA. In patients with excessive daytime sleepiness who have been diagnosed with OSA, CPAP is the most extensively studied therapy. This treatment has been shown to improve Epworth Sleepiness Scale (ESS) scores, reduce AHI and arousal index scores, and increase oxygen saturation. However, CPAP has not been shown to increase quality of life. Evidence on the effect of CPAP on cardiovascular disease, hypertension, and type 2 diabetes was insufficient. Studies have evaluated various alternative CPAP modifications. Fixed and auto-CPAP, as well as C-Flex, have similar adherence and efficacy. Data were insufficient to determine the comparative efficacy of other CPAP modifications. Greater AHI and ESS scores were generally associated with better adherence to CPAP. In this case, the employee was encouraged to do both. Due to pain and immobility, weight loss can be difficult. Simultaneous use of CPAP as initial therapy can improve sleep, increase energy, reduce daytime fatigue /anxiety and ultimately allow for improved medical improvement and weight loss. The use of CPAP is medically appropriate.