

<b>Case Number:</b>	CM13-0027157		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	11/24/2010
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 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:

The underlying date of injury in this case is 11/24/2010. The reference diagnosis is 847.2 or lumbar sprain. Report from initial physician review notes that beside evidence based guidelines suggest that continuous positive airway pressure may be used in severe sleep apnea and that in this case the patient reported a hard time using continuous positive airway pressure and slept 60% of the night during the titration study, coming up to 80% during the baseline study. Therefore, the initial reviewer concluded that a request for CPAP at 10 cm of H<sub>2</sub>O was not certified. A polysomnography study of 06/21/2013 concluded that the patient had continuous sleep-related issues related to both stress from concerns over the work environment and also regarding objective sleep study results. The sleep study demonstrated severe sleep apnea; CPAP titration was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuous Positive Airway Pressure (CPAP) at 10cm H<sub>2</sub>O:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.mdguidelines.com/sleep-apnea>, CPAP.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)/Treatment in Workers' Compensation/Pain, polysomnography.

**Decision rationale:** The California Medical Treatment Utilization Schedule does not directly address CPAP titration. ACOEM Guidelines, Chapter 3, Treatment, Page 45, states, "If the patient is not recovering as he or she expects, the patient and physician should seek reasons for the delay and address them appropriately." Official Disability Guidelines/Treatment in Worker's Compensation/Pain states regarding polysomnography, "Polysomnogram measures bodily function during sleep...It is administered by a sleep specialist." In this case, a sleep study demonstrated severe sleep apnea and specifically recommended "CPAP titration." The treatment guidelines clearly support referring a patient for specialty evaluation when there is a condition outside the scope of treatment of the primary treating physician. In this case, the request is for approval for a CPAP at 10 mg of H<sub>2</sub>O. The prior reviewer concluded that the patient did not tolerate initial CPAP and therefore concluded that the treatment should be noncertified. However, the treatment request is for CPAP "titration," which clearly infers adjustment of the degree of pressure of CPAP, as well as potentially the type of mask being used to provide this treatment. Such adjustments in the degree of pressure of the mask or the type of mask are routine and implicit in the recommendation for titration. Therefore, the request in this case for CPAP at 10 cm H<sub>2</sub>O should not be interpreted literally as precluding modifications to the CPAP treatment to allow the patient to tolerate and benefit from this treatment. Overall, it is clear from the medical records and guidelines that this patient does have severe sleep apnea and that CPAP is clearly the indicated treatment for this condition. There is no guideline referenced or published which indicates that a CPAP trial should be completely terminated simply because a patient did not respond ideally to the initial titration settings. The guidelines do support this treatment. This request is medically necessary.