MAXIMUS Federal Services

Case Number:	CM13-0030518		
Date Assigned:	11/27/2013	Date of Injury:	09/21/2006
Decision Date:	01/27/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/30/2013

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 67 year old male who sustained a work related injury on 09/21/2006. The mechanism of injury was not provided. Diagnoses include right rib cage injury and chronic low back pain status post lumbar spine surgery- status post discectomies at L4-L5 and L5-S1. Per the medical documentation, he also has a diagnosis of obstructive sleep apnea treated with continuous positive airway pressure (CPAP) and insomnia. The treating provider has requested a consultation with a board certified sleep medicine provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a board certified sleep medicine doctor with medical report: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine; Evaluation and Treatment of Sleep Apnea 2012.

Decision rationale: There is no documentation provided necessitating an evaluation by a board certified sleep physician. The claimant was diagnosed with obstructive sleep apnea (OSA) in 2008 with a formal sleep study followed by CPAP titration. Per Medscape Internal Medicine, the recommendations for follow-up of sleep apnea are as follows: once diagnosed with OSA and

started on nasal CPAP, patients require regular follow-up with a sleep specialist. Most patients are seen within 2 months of initiating CPAP to determine if it has been effective in alleviating symptoms (for example: daytime sleepiness is substantially reduced or eliminated), to troubleshoot problems preventing regular use of the CPAP, and to reinforce the importance of daily use. Further follow-up depends on whether the CPAP has been effective. In this case, there is no specific documentation indicating that the sleep apnea condition is related to the work related injury. There is no medical documentation of the claimant's current symptoms or need for a specialty follow-up visit. Medical necessity for the requested service has not been established. The requested service is not medically necessary.