

<b>Case Number:</b>	CM13-0043098		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/21/2006
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 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:

The patient is a 53-year-old male with a date of injury of 04/21/2006. The listed diagnoses per [REDACTED] dated 09/26/2013 are: (1) Lumbar radiculopathy, (2) Disc disorder-lumbar, (3) Lumbar facet syndrome, (4) Back pain. According to report dated 09/26/2013 by [REDACTED], the patient presents with low back pain that radiates down both legs. On examination of higher function, the patient was alert and oriented x4 without evidence of somnolence. The patient underwent a sleep study on 05/24/2013. The result showed "CPAP level of 12 cm H2O with medium ResMed Swift FX Nasal Pillows eliminated obstruction events. Sleep efficacy was 97.5%. Sleep architecture was normal and oxygen saturation was stable above 90%." Report states patient should consider a CPAP with C-Flex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The CPAP machine with C-Flex:** Overturned

**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 Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with chronic low back pain and "severe sleep disturbances." The treater requests a CPAP machine with C-flex "per sleep specialist recommendations". Although, the MTUS ACOEM guidelines do not specifically discuss CPAP machines, ODG Guidelines do discuss durable medical equipment stating "recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment." According to [REDACTED] report 07/17/2012 by [REDACTED], sleep is included as a compensable consequences of industrial injury dated 04/21/2006. [REDACTED] goes on to state "psychiatric medications have failed to improve patient's sleep disturbance." It was noted that the patient had several trials of medications including sleeping aids, antipsychotics, and major tranquilizers without lasting benefits. Progress report dated 09/26/2013 by [REDACTED], the patient on average, sleeps 4 hours per night and has gained approximately 20 pounds since his injury. It was also noted that he wakes every 20 to 45 minutes feeling a loss of oxygen and described fatigue upon waking, daytime fatigue and headaches. In this case, patient's sleep disturbance is "seriously affecting his ability to fully recuperate and can be potentially dangerous". Given that this patient's sleep studies show improvement sleep obstruction with CPA, recommendation is for authorization of the requested DME.