

<b>Case Number:</b>	CM13-0064980		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 51-year-old female who has submitted a claim for cervical sprain/strain with radiculopathy, right shoulder internal derangement, lumbar spine strain/sprain with radiculopathy, and rule out obstructive sleep apnea associated with an industrial injury date of March 20, 2013. Medical records from 2013 were reviewed. The patient complains of pain at the right shoulder, elbow, arms, back, and neck. This resulted to difficulty in dressing, lifting objects, bending, reaching overhead, pushing, pulling, with some difficulty in sleeping. Physical examination revealed muscle spasm and decreased range of motion of the cervical spine, right shoulder, and lumbar spine. Impingement test was positive at the right shoulder. Motor strength was graded 4/5 in all extremities. Patient's height is 5 feet, weight of 125 pounds; derived body mass index of 24.4 kg/m<sup>2</sup>. Cardiorespiratory diagnostic testing report, dated October 29, 2013, revealed abnormal responses to autonomic challenges (deep breathing, Valsalva maneuver, or standing) suggesting autonomic dysfunction. A preliminary evaluation on assessment of pulmonary/respiratory disorders and sleep-disordered breathing, dated October 29, 2013, revealed that patient's bed partners observed apnea and loud snoring from the patient. Patient complained of daytime and nighttime headaches, chest pain, and blurring of vision. Patient complained of awakening two times per night. Treatment to date has included Copaxone, flecainide, Norco, Cartivisc, ibuprofen, naproxen, omeprazole, tramadol, and topical products.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CARDIO-RESPIRATORY AUTONOMIC FUNCTION ASSESSMENT:** 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 Other Medical Treatment Guideline or Medical Evidence: Assessment of the Functioning of Autonomic Nervous System in the Context of Cardiorespiratory Reflex Control, *Kardiologia Polska* 2010; 68, 8: 951-957 (<http://www.ncbi.nlm.nih.gov/pubmed/20730734>).

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the article entitled Assessment of the Functioning of Autonomic Nervous System in the Context of Cardiorespiratory Reflex Control was used instead. It states that derangements within autonomic nervous system take part in the natural history of cardiovascular disease. Current paper presents three categories of methods measuring autonomic status: direct methods (e.g. laboratory tests measuring circulating catecholamine levels), indirect methods applied at rest (e.g. analysis of heart rate variability, sequence methods of arterial baroreflex sensitivity assessment) and indirect methods, associated with the exposure to physiological stimuli (e.g. central and peripheral chemoreceptor sensitivity assessment, invasive methods of arterial baroreflex sensitivity assessment). This review provides an insight into the physiology of reflex regulatory mechanisms within cardiorespiratory system, including their complex and unstable nature. In this case, patient is on maintenance flecainide for chest pain. She underwent cardiorespiratory diagnostic testing, dated October 29, 2013, revealing abnormal responses to autonomic challenges (deep breathing, Valsalva maneuver, or standing) suggesting autonomic dysfunction. There is a compelling rationale for this request since autonomic dysfunction has been documented. Therefore, the request for CARDIO-RESPIRATORY AUTONOMIC FUNCTION ASSESSMENT is medically necessary.

**PODIATRY CONSULT FOR LOW BACK PAIN AND CUSTOM ORTHOTICS:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Independent Medical Examinations and Consultations, page(s) <127.

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient is being referred to podiatry due to altered biomechanics resulting from back pain. However, medical records submitted and reviewed failed to provide evidence of any subjective complaints or objective findings pertaining to the lower extremity warranting a referral to podiatry. There is likewise no noted instability, for which orthotics may be indicated. There is

no clear indication for referral to a specialist at this time. Therefore, the request for **PODIATRY CONSULT FOR LOW BACK PAIN AND CUSTOM ORTHOTICS** is not medically necessary.

**SPIROMETRY AND PULMONARY FUNCTION AND STRESS TESTING:** 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) Pulmonary chapter, Pulmonary Function Testing.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pulmonary Chapter was used instead. ODG states that pulmonary function testing is recommended in asthma. In other lung diseases, it can be used to determine the diagnosis and provide estimates of prognosis. In these diseases, the complete PFT is utilized and, on occasions, incorporates pulmonary exercise stress testing. This is recommended for the diagnosis and management of chronic lung diseases. In this case, patient was noted to have sleep apnea, with loud snoring at night. Patient complained of daytime and nighttime headaches, chest pain, and awakening approximately two times per night. Cardiorespiratory diagnostic testing report, dated October 29, 2013, revealed abnormal responses to deep breathing suggesting autonomic dysfunction. The documented rationale for this request is to objectively measure patient's sleep disordered breathing and respiratory functioning. Guideline criteria were met. Therefore, the request for spirometry and pulmonary function and stress testing is medically necessary.

**SLEEP DISORDER BREATHING RESPIRATORY STUDY:** 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) Pain chapter, Polysomnography.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Chapter was used instead. According to ODG, criteria for polysomnography include excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change; and insomnia complaint for at least six months, unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In this case, patient was noted to have sleep apnea, with loud snoring at night. Patient complained of daytime and nighttime headaches, chest pain, and awakening approximately two times per night. Cardiorespiratory diagnostic testing report, dated October 29, 2013, revealed abnormal responses

to deep breathing suggesting autonomic dysfunction. The documented rationale for this request is to objectively measure patient's sleep disordered breathing and respiratory functioning. Guideline criteria were met. Therefore, the request for SLEEP DISORDER BREATHING RESPIRATORY STUDY is medically necessary.

**OVERNITE PULSE OXIMETRY:** 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 Other Medical Treatment Guideline or Medical Evidence: Overnight Pulse Oximetry for Sleep- Disordered Breathing in Adults, CHEST 2001; 120:625-633 (Downloaded From: <http://journal.publications.chestnet.org/> on 06/25/2014).

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an article entitled Overnight Pulse Oximetry for Sleep- Disordered Breathing in Adults was used instead. It states that, for diagnosis and treatment of sleep-disordered breathing, overnight pulse oximetry helps determine the severity of disease and is used as an economical means to detect sleep apnea. In this case, patient was noted to have sleep apnea, with loud snoring at night. Patient complained of daytime and nighttime headaches, chest pain, and awakening approximately two times per night. Cardiorespiratory diagnostic testing report, dated October 29, 2013, revealed abnormal responses to deep breathing suggesting autonomic dysfunction. The documented rationale for this request is to objectively measure patient's sleep disordered breathing and respiratory functioning. Guideline criteria were met. Therefore, the request for OVERNITE PULSE OXIMETRY is medically necessary.

**NASAL FUNCTION STUDIES:** 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 Other Medical Treatment Guideline or Medical Evidence: Passali, F. M., Bellussi, L., Mazzone, S., & Passali, D. (2011). Predictive role of nasal functionality tests in the evaluation of patients before nocturnal polysomnographic recording. *ACTA Otorhinolaryngologica Italica*, 31 (2); 103-108.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an article entitled Predictive role of nasal functionality tests in the evaluation of patients before nocturnal polysomnographic recording was used instead. Literature shows that evaluation of nasal functions can be used in the selection of obstructive sleep apnea syndrome patients undergoing polysomnography. In this case, patient was noted to have sleep apnea, with loud snoring at night. Patient complained of daytime and nighttime headaches, chest

pain, and awakening approximately two times per night. Cardiorespiratory diagnostic testing report, dated October 29, 2013, revealed abnormal responses to deep breathing suggesting autonomic dysfunction. The documented rationale for this request is to objectively measure patient's sleep disordered breathing and respiratory functioning. Guideline criteria were met. Therefore, the request for nasal function studies is medically necessary.