

<b>Case Number:</b>	CM13-0066978		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/10/2006
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 67-year-old male was reportedly injured on December 10, 2006. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated January 9, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities. Current medications are stated to be helping without any side effects. The physical examination demonstrated tenderness of the bilateral lumbar spine paravertebral muscles with spasms. There was a positive straight leg raise test and decreased lumbar spine range of motion. Diagnostic imaging studies objectified a one to 2 mm disc extrusion at L4 - L5 with moderate to severe degenerative disc disease and facet osteoarthritis. A request had been made for a five and 10 day rental of a continuous positive airway pressure (CPAP) device and was not certified in the pre-authorization process on December 10, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective 5 rental of Continuous Positive Airway Pressure device 5/15/2012 and 12/15/2012:** 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.nhlbi.nih.gov/health/health-topics/topics/cpap/>.

**Decision rationale:** According to the attached medical record there is no justification stated for the use of a continuous positive airway pressure (CPAP) device in relationship to the injury. Without a particular justification this request for a five day rental of a continuous positive airway pressure device is not medically necessary.

**Retrospective 10 rental of Continuous Positive Airway Pressure device 1/15/2013 and 10/15/2013: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.nhlbi.nih.gov/health/health-topics/topics/cpap/>.

**Decision rationale:** According to the attached medical record there is no justification stated for the use of a continuous positive airway pressure (CPAP) device in relationship to the injury. Without a particular justification this request for a 10 day rental of a continuous positive airway pressure device is not medically necessary.