MAXIMUS Federal Services

Case Number:	CM14-0007680		
Date Assigned:	02/07/2014	Date of Injury:	02/02/2011
Decision Date:	07/14/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/16/2014

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 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:

Patient is a 27-year-old female who has submitted a claim for status post orthopedic / psychologic injury, rule out respiratory or pulmonary disease, rule out chronic airway obstruction, rule out Cheyne-Stokes respiration and dyspnea, rule out sleep-disordered breathing, and rule out obstructive sleep apnea associated with an industrial injury date of 02/02/2011.Medical records from 2013 were reviewed. Patient complained of persistent night sweats and leg restlessness. Bed partners did not observe for apnea or loud snoring. Patient likewise experienced daytime somnolence, nighttime headaches, blurring of vision, and dry mouth. Assessment of sleep habits showed that patient can fall asleep within 60 minutes, however, with awakening approximately 6 times per evening due to frequent tossing and turning. Patient had a history of asthma and bronchitis. She is a non-smoker. Family history is positive for insomnia, obstructive sleep apnea, snoring, and restless leg syndrome. Physical examination showed a blood pressure of 123/79 mmHg, pulse rate of 76 beats per minute, body mass index of 24.56 kg/m2, Mallampati Class II, neck circumference of 30.2 cm, and oxygen saturation of 99%. Nasal congestion and abnormal appearing turbinates were noted. Cardio-Respiratory Diagnostic study, dated 10/03/2013, revealed possible autonomic or cardiac stress, and a risk for orthostasis.Treatment to date has included lumbar fusion surgery, physical therapy, acupuncture, and medications.Utilization review from 12/18/2013 denied the requests for spirometry and pulmonary function / stress testing because there were no reported findings on examination relative to the cardiovascular / respiratory system. The request for a home sleep diagnostic study was denied because there were no initial conservative treatments performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPIROMETRY: 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) was used instead. ODG states that spirometry will measure the forced vital capacity (FVC) and provides a variety of airflow rates such as the forced expiratory volume in one second (FEV1) and the forced expiratory flow between 25-75% of the total exhaled volume (FEF25-75). Recommendation is to obtain lung function measures by spirometry at least every 1-2 years, and more frequently for not well-controlled asthma. Patient is a known case of asthma and bronchitis. Nasal congestion and abnormal appearing turbinates were noted on physical examination. Cardio-Respiratory Diagnostic study, dated 10/03/2013, revealed possible autonomic or cardiac stress, and a risk for orthostasis. The medical necessity for further investigation has been established. Therefore, the request for spirometry is medically necessary.

PULMONARY FUNCTION / 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 and Summary of Recommended Key Clinical Activities for the Diagnosis and Management of Asthma.

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. Patient is a known case of asthma and bronchitis. Patient likewise experienced daytime somnolence, nighttime headaches, blurring of vision, and dry mouth. Nasal congestion and abnormal appearing turbinates were noted on physical examination. Cardio-Respiratory Diagnostic study, dated 10/03/2013, revealed possible autonomic or cardiac stress, and a risk for orthostasis. The medical necessity for further investigation has been established. Guideline

criteria were met. Therefore, the request for pulmonary function and stress testing is medically necessary.

HOME SLEEP DIAGNOSTIC 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 Other Medical Treatment Guideline or Medical Evidence: American Sleep Apnea Association (http://www.sleepapnea.org/treat/diagnosis.html).

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 addition, American Sleep Apnea Association endorses home study because some patients are unable to conform to the sleep laboratory procedures. In this case, patient experienced daytime somnolence, nighttime headaches, blurring of vision, and dry mouth. Assessment of sleep habits showed that patient can fall asleep within 60 minutes, however, with awakening approximately 6 times per evening. Nasal congestion and abnormal appearing turbinates were noted on physical examination. Cardio-Respiratory Diagnostic study, dated 10/03/2013, revealed possible autonomic or cardiac stress. The medical necessity for further investigation has been established. Therefore, the request for home sleep diagnostic study is medically necessary.