

Case Number:	CM14-0010611		
Date Assigned:	02/21/2014	Date of Injury:	06/05/2009
Decision Date:	11/05/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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:

The injured worker is a 37-year-old male who reported injury on 06/05/2009. The medical records were reviewed. The mechanism of injury was not provided. The medications and prior therapies were not provided. The injured worker underwent a preliminary polysomnogram on 07/19/2012, which revealed the injured worker had bradycardia and tachycardia and had a longest event of 27 seconds of obstructive hypopnea with a minimum SaO2 score of 92% and the lowest SaO2 score was 81% associated with 26 second obstructive hypopnea. The injured worker was noted to be a smoker. The injured worker underwent an MRI of the lumbar spine. Prior therapies were not provided. The documentation of 09/05/2013 indicated the injured worker had pain in the back. The injured worker was noted to have problems with sleep. With regard to the sleep problems, the injured worker indicated that he had a hard time falling asleep and may not go to bed until 3:00 a.m. and sleeps to around 7:00 or 8:00 a.m. The physical examination revealed the injured worker was 5 feet 10 inches and the weight was 209 pounds. The respiratory rate was 15 and the blood pressure was 120/70. The lungs were clear to auscultation and percussion. The surgical history was not provided. The documentation indicated there was a recommendation for a CPAP machine on 09/25/2012. This was a titration for obstructive sleep apnea. The obstructive sleep apnea resolved with 5 cm of pressure. The injured worker's weight in 09/2012 was 225 pounds. There was no specific rationale or documentation requesting a CPAP machine. There was no Request for Authorization submitted to support the request. There was no recent evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP Machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Obstructive Sleep Apnea in Adults: Number 0004. Policy: Continuous Positive Airway Pressure (CPAP)

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: Giles TL, Lasserson TJ, Smith B, White J, Wright JJ, Cates CJ. Continuous positive airways pressure for obstructive sleep apnea in adults. Cochrane Database of Systematic Reviews 2006, Issue 3. Art. No.: CD001106

Decision rationale: Per Giles, TL, et. al. (2006) "CPAP is effective in reducing symptoms of sleepiness and improving quality of life measures in people with moderate and severe obstructive sleep apnea (OSA). It is more effective than oral appliances in reducing respiratory disturbances in these people but subjective outcomes are more equivocal. Certain people tend to prefer oral appliances to CPAP where both are effective. This could be because they offer a more convenient way of controlling OSA. Short-term data indicate that CPAP leads to lower blood pressure than control. Long-term data are required for all outcomes in order to determine whether the initial benefits seen in short-term clinical trials persist." There was a lack of documentation of the efficacy of the CPAP machine, if the unit was a replacement. The clinical documentation submitted for review failed to provide documented rationale for a necessity for a CPAP machine. The request, as submitted, failed to indicate whether the request was for rental or purchase and the type of CPAP machine being requested. There was a lack of documentation of a recent sleep study to support the necessity for a CPAP machine. Given the above, the request for CPAP machine is not medically necessary.