

Case Number:	CM14-0010714		
Date Assigned:	02/21/2014	Date of Injury:	09/30/2004
Decision Date:	08/06/2014	UR Denial Date:	01/24/2014
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 Occupational Medicine 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 65-year-old male who has submitted a claim for status post lumbar fusion with residuals, moderate obstructive sleep apnea syndrome, slight excessive daytime sleepiness, and depressive, anxiety and cognitive disorders associated with an industrial injury date of September 30, 2004. Medical records from 2007-2014 were reviewed. The patient complained of low back pain. He has a lot of sharp pain and cramping. There was tightness on the left lower extremity and thigh, to the knee. Both feet burn and they were very sore at the end of the day. There was weakness on the left lower extremity. Physical examination showed significant limitation in range of motion. Straight leg raise was positive on the left side of his lower extremity. An MRI of the lumbar spine, dated May 17, 2013, revealed fusions of L1, L2, L3, L4, and L5 by means of placement of pedicle screws, all on the left side, small fluid collection on the site of laminectomy, 4mm left paracentral posterior disc protrusion at L1-L2 causing pressure over anterior aspect of the thecal sac, mild to moderate narrowing of the right neural foramen at L2-L3, and mild to moderate narrowing of both neural foramina at L4-L5. Treatment to date has included medications, physical therapy, home exercise program, activity modification, cervical spine surgeries, left elbow surgery, left wrist surgery, left ankle surgery, left hand surgery, right knee surgery, multiple lumbar spine surgeries, and lumbar epidural steroid injections. Utilization review dated January 22, 2014 denied the request for sleep apnea supplies from Apria. Reasons for denial were not made available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP APNEA SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Section, Sleep aids.

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 sleep aids are recommended. Depending on etiology, management strategies include, but are not limited to, extension of time in bed, naps, surgery, various medical devices (e.g., oral appliance, continuous positive airway pressure) and medication therapy. In this case, the patient was previously assessed with moderate obstructive sleep apnea syndrome and slight excessive daytime sleepiness on April 2013. However, recent progress reports did not discuss sleep problem issues. The current clinical and functional status of the patient with regards to his sleep disorder is unknown. Furthermore, the documentation failed to specify the sleep apnea supplies. Therefore, the request for SLEEP APNEA SUPPLIES is not medically necessary.