

Case Number:	CM14-0012646		
Date Assigned:	02/21/2014	Date of Injury:	12/01/2009
Decision Date:	06/26/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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, has a subspecialty in Interventional Spine 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 52-year-old with an injury date on 12/1/09. Based on the 12/30/13 progress report provided by [REDACTED] the diagnoses are: 1. A history of back pain due to degenerative joint and disk disorder, doing well on his current pain medication regimen; and 2. Obstructive sleep apnea, pending delivery of CPAP equipment. The musculoskeletal exam on 12/30/13 showed "L-spine has bilateral lumbosacral paraspinal tenderness to palpation with restrictions in flexion and extension secondary to pain" with other findings normal. [REDACTED] is requesting purchase of CPAP machine; with attachments heated humidifier; full faced mask; head gear; nasal pillows; nasal cushions; mask interface; disposable and non-disposable filters and heated tubing; chin strap; water chamber plus replacement supplies. The utilization review determination being challenged is dated 1/17/14, and refutes the request citing lack of documentation or rationale for request. [REDACTED] is the requesting provider, and he provided treatment reports from 8/3/13 to 12/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF CPAP MACHINE; WITH ATTACHMENTS HEATED HUMIDIFIER; FULL FACED MASK; HEAD GEAR; NASAL PILLOWS; NASAL CUSHIONS; MASK INTERFACE; DISPOSABLE AND NON-DISPOSABLE FILTERS AND HEATED TUBING; CHIN STRAP; WATER CHAMBER PLUS REPLACEMENT SUPPLIES:

Overtuned

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 Aetna Clinical Policy Bulletin: Obstructive Sleep Apnea in Adults Number: 0004 Aetna considers the diagnosis and treatment of obstructive sleep apnea (OSA) in adults aged 18 and older medically necessary according to the criteria outlined below. I.Diagnosis Aetna considers attended full-channel nocturnal polysomnography (NPSG) (Type I device) performed in a healthcare facility medically necessary for diagnosis in members with symptoms suggestive

Decision rationale: This patient presents with obstructive sleep apnea, lower back pain, and facetogenic pain. The treater has asked for a Continuous Positive Airway Pressure (CPAP) machine; with attachments: heated humidifier; full faced mask; head gear; nasal pillows; nasal cushions; mask interface; disposable and non-disposable filters and heated tubing; chin strap; water chamber plus replacement supplies on 12/30/13. The polysomnography report on 8/3/13 showed "severe obstructive sleep apnea, with apnea hypopnea index 56.9 per hour. Minimum oxygen saturation 80%." The CPAP titration study on 10/26/13, showed the apnea-hypopnea index at 6.8 per hour and the oxygen saturation at 90%, with the use of the CPAP at 7cm of water. Regarding the CPAP machine, the MTUS and Official Disability Guidelines are silent. The Aetna Clinical Policy Bulletin considers the use medically necessary for a diagnosis of obstructive sleep apnea with a positive facility-based nocturnal polysomnography (NPSG), or with a positive home sleep test, with an apnea-hypopnea index (AHI) or respiratory disturbance index (RDI) greater than or equal to 15 events/hour. The patient has severe obstructive sleep apnea for which a CPAP machine is indicated per Aetna. The request is medically necessary.