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| <b>Case Number:</b>   | CM14-0013138 |                              |            |
| <b>Date Assigned:</b> | 02/24/2014   | <b>Date of Injury:</b>       | 04/04/2013 |
| <b>Decision Date:</b> | 06/26/2014   | <b>UR Denial Date:</b>       | 01/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/03/2014 |

### 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 Internal 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 64 year old male who was injured on 04/04/2013. He was adjusting and centering a machine's automatic stamp head, the co-worker accidentally hit the start button and the patient's fingers were crushed. He underwent an amputation of his right distal phalanx and proximal phalanx. On neurology and psychiatry report dated 12/15/2013, the patient had undergone a polysomnogram which reports the patient presents with complaints of lack of sleep, waking up with headaches, dry mouth, nasal congestion, and awakens from choking and gasping. He has an Epworth sleepiness scale of 11/24 and reports a history of chest pain and heartburn. The impression of the study is obstructive sleep apnea. Comprehensive neurological evaluation dated 07/31/2013 reports the patient complained of headaches, difficulty sleeping with severe snoring and periods of apnea, longstanding but has gotten worse lately, per his wife, and depression and anxiety. The patient is taking Gabapentin 300 mg, Lorazepam 0.5 mg, and Bupropion XL 150 mg. The patient reports poor concentration, loss of appetite and has sleep that is interrupted. Prior UR dated 01/20/2014 states the request for repeat polysomnogram with CPAP titration is non-certified as the patient has a diagnosis of obstructive sleep apnea; therefore, the patient can be treated with auto CPAP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT POLYSOMNOGRAM WITH CPAP TITRATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Polysomnography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Polysomnography

**Decision rationale:** CA MTUS does not discuss the issue and hence ODG have been consulted. The ODG guidelines recommend sleep study for excessive daytime somnolence, cataplexy, insomnia of at least 6 months of duration, morning headache, or intellectual deterioration. The ODG guidelines do not discuss the necessity for repeat polysomnogram. The patient had a sleep study in December 2013, and was diagnosed with severe obstructive sleep apnea. In general repeat sleep studies are not required after a diagnosis of OSA has been established. From the clinical documents it is not clear why a repeat study is needed with CPAP titration. The patient can be titrated with auto CPAP. Based on the ODG guidelines and criteria, as well as the clinical documentation stated above, the request is not medically necessary.