

<b>Case Number:</b>	CM14-0118783		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/01/1999
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Family Practice 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 63 year old male who sustained a work injury in July 1999 after exposure to chemicals. He developed chronic non-pleuritic chest pain and dyspnea. He had a single-photon emission computerized tomography (SPECT) scan in January 2014 showing mild ischemia of the anterior wall. A progress note on 6/3/14 indicated he had progressive dyspnea with exertion and occasional cough. He has a history of hyperlipidemia, gout, hypertension and mild heart disease. Examination was notable for a prolonged expiratory phase. The treating physician recommended a CT of the chest, pulmonary function testing, sleep study to rule out sleep apnea and Prilosec to determine if the bronchospasm are due to gastric reflux along with a Gastrointestinal (GI) consultation to further evaluate possibility of reflux.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep study to rule out sleep apnea syndrome.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

**Decision rationale:** The ACOEM and MTUS guidelines do not comment on sleep studies. According to the ODG Guidelines, polysomnograms / sleep studies are recommended for the combination of indications listed: excessive daytime somnolence; cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); morning headache (other causes have been ruled out); intellectual deterioration (sudden, without suspicion of organic dementia); personality change (not secondary to medication, cerebral mass or known psychiatric problems); & insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. The patient does not have the symptoms above. A sleep study for the sole complaint of dyspnea or chest pain is not medically necessary.

**Oximetry study (overnight) to determine any evidence of oxygen desaturation.:** Upheld

**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.

**Decision rationale:** The ACOEM and MTUS guidelines do not comment oximetry. According to the ODG Pulmonary Guidelines, oximetry is intended in acute cases of dyspnea, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), asthma exacerbations, etc. Nighttime oximetry may be needed in evaluation of sleep apnea. As noted above, a sleep study is not needed and the patient does not have sleep apnea symptoms. Therefore, an overnight oximetry study is not medically necessary.

**Prilosec 20 mg, quantity no specified.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of gastrointestinal (GI) events or antiplatelet use that would place the patient at risk. Therefore, the request for Prilosec 20mg is not medically necessary.

**Gastroenterology evaluation to rule out reflux disease.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Specialist Referral and pg 127.

**Decision rationale:** According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the patient symptoms are chronic and related to the chemical exposure. There are no other GI symptoms beyond cough and dyspnea. The diagnosis and management of reflux does not require GI consultation. The request for a gastroenterology evaluation is not medically necessary.