

Case Number:	CM14-0135995		
Date Assigned:	09/03/2014	Date of Injury:	04/30/2012
Decision Date:	11/10/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/22/2014

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, Pulmonary Disease, and is licensed to practice in California, Florida, and New York. 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:

This injured worker is a 54 year old female, with a reported date of injury of 04/30/2012 and mechanism of injury is not documented in clinical records submitted. Her diagnosis included sleep related hypoventilation/ hypoxemia. Past treatments are not included in submitted documentation. She had an Apnea study on 06/03/20014. She complained of nocturnal obstructions of the airway due to the industrial injury she has gained weight, is taking medications with the known side effects of causing obstructions during sleep. The objective physical examination during the sleep study it was objectively documented that she had obstructions of the airway consisting of seven episodes of obstructive apnea, five episodes of hypopnea, and an apnea and/or index hypopnea index of ten episodes of major obstruction of airflow occurring every hour. She also objectively documented to have obstruction of airflow causing snoring. Her medications included OxyContin, Reglan and Zofran. The treatment plan is for use her to have a Continuous Positive Airway Pressure (CPAP) appliance. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oral Appliance, Immediate Emergency Medical Treatment Of An Obstructive Airway:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head (6/9/14)- Sleep aids

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: Lauren J. Epstein, MD, et al., (2009). Clinical Guide for Evaluation, Management, and Long Term Care of Obstructive Sleep Apnea in Adults. Journal of Clinical Sleep Medicine, Volume 5, Pages 263 to 267.

Decision rationale: The request for Oral Appliance, Immediate Emergency Medical Treatment Of An Obstructive Airway is not medically necessary. The injured worker complained of nocturnal obstructions of the airway. In a study authored by Epstein, et al., it was noted positive air pressure may be delivered in continuous (CPAP), bi-level (BPAP), or autotitrating (APAP) modes. Partial pressure reduction during expiration (pressure relief) can also be added to these modes. Positive air pressure applied through a nasal, oral, or oronasal interface during sleep is the preferred treatment for obstructive sleep apnea. CPAP is indicated for the treatment of moderate to severe obstructive sleep apnea and mild sleep apnea as an option. CPAP is also indicated for improving self-reported sleepiness, improving quality of life, and as an adjunctive therapy to lower blood pressure in hypertensive patients with obstructive sleep apnea. The study noted a full night attended PSG performed in the laboratory is the preferred approach for titration to determine the optimal positive air pressure level; however, split night, diagnostic titration studies are usually adequate. APAP devices are not currently recommended for split night titration. Certain APAP devices may be used during attended titration with PSG to identify a single pressure for use with standard CPAP for treatment of moderate to severe obstructive sleep apnea. Clinical documentation was not included in the documentation for a sleep study to objectively show moderate to severe obstructions and no documentation of a Titration study. Without these two objective reports to support the guidelines, the request for Oral Appliance, Immediate Emergency Medical Treatment of an Obstructive Airway is not medically necessary.