

Case Number:	CM14-0155206		
Date Assigned:	09/25/2014	Date of Injury:	03/17/2009
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/23/2014

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 Pain 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:

Patient is a 47-year-old female with a 03/17/09 date of injury. Progress report dated 08/19/14 states to patient presents for a qualified medical evaluation. This report reviews the patient's prior medical documentation and states sleep study and polysomnogram test results dated 01/26/12, diagnosing obstructive sleep apnea. The 01/27/12 multiple sleep latency test concludes severe daytime sleepiness moderate obstructive sleep apnea. Medications listed for that time are Topiramate, Docusate, Fentanyl, Promethazine, Naproxen, Tramadol and Omeprazole. The 02/10/12 AMA impairment sleep study summary states that the patient has a class two impairment sleep and arousal dysfunction and positive for severe daytime sleepiness. Instructions were to follow-up with a sleep specialist for sleep issues. The 08/22/14 psychological treatment update states that the patient continues to experience depressive and anxiety symptoms as well as chronic pain. The patient meets the diagnostic criteria for pain disorder associated with both psychological factors and a general medical condition. Both depression and anxiety symptoms are stated to be gradually ameliorating. The 08/21/14 states that the patient returns with persistent left shoulder pain at 7-8/10. Pain radiates to the left arm. The report states that the patient brought in a copy of her sleep study from 2012. The physician states that [REDACTED] who conducted a sleep study recommended positive airway pressure titration study. Objective findings state positive for headache, anxiety, and depression. Spasms are in left shoulder region. Left shoulder abduction and forward flexion is 100 degrees with pain. Dysesthesia noted to light touch in the left C6 dermatome. Strength is 4/5 in the left shoulder abduction and forward flexion. Diagnoses: Left shoulder adhesive capsulitis, status post left shoulder rotator cuff repair, low back pain, lumbar facet pain, left shoulder pain, cervical radiculopathy, possibility of lumbar radiculopathy. The physician prescribed Zolpidem 10 mg nightly #30 for difficulty sleeping. In addition, Duragesic patch 50-mcg every two days #15,

Nucynta 75 mg every 8 hours #90. The request is for positive airway pressure titration study. The request states that this is recommended by initial sleep study done by [REDACTED]. The report states the patient continues to have sleep disturbance and is currently taking Zolpidem with partial help.

IMR ISSUES, DECISIONS AND RATIONALES

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

Positive pressure titration study: 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, Sleep Study

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

Decision rationale: The documentation provided contains no mention of the patient sleep issues since 2012. The psychologist reports also do not discuss sleep deficiencies. The mentioned 2012 sleep study is also not included with the documentation. There are no current subjective and objective findings to substantiate the necessity for the request and no related diagnoses listed. Therefore, this request is not medically necessary.