

Case Number:	CM14-0157835		
Date Assigned:	10/01/2014	Date of Injury:	09/21/2007
Decision Date:	11/25/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/26/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic forearm pain, and chronic thigh pain reportedly associated with an industrial injury of September 21, 2007. The applicant has been treated with the following: Analgesic medications; open reduction and external fixation of a radial fracture; unspecified amounts of physical therapy over the course of the claim; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 27, 2014, the claims administrator denied a request for a CPAP machine with all accessories set at 8 cm of water pressure. Medicare Guidelines were cited. The claims administrator seemingly suggested that the applicant's sleep study results were not sufficiently positive. In a February 13, 2014 psychiatric consultation, the applicant was placed off of work, on total temporary disability, from a mental health perspective, while Abilify and Cymbalta were prescribed. The applicant's medication list at this point included Celebrex, Elavil, Pravachol, Invokana, glipizide, Desyrel, Neurontin, Nucynta, and metformin. The applicant was obese and a type 2 diabetic, it was noted. The applicant was fatigue and depressed, it was further noted and was still having some issues with sleep disturbance. In a handwritten note dated August 11, 2014, the applicant was placed off of work, on total temporary disability. Authorization was sought for a CPAP machine with associated supplies and accessories set at 8 cm of water pressure. Nucynta, Invokana, glipizide, metformin, and other medications were renewed. 98% O2 saturation was noted in the clinic. The applicant was apparently quite obese, weighing 279 pounds with a height of 67 inches noted. The applicant had formerly weighed 294 pounds, it was noted. The applicant had a CPAP titration study some one month prior but was not informed of the results. The attending provider noted that the applicant had not worked at any point during the past seven years. The attending provider suggested (but did not clearly state) that he was basing his recommendation

on the sleep study, noting that the applicant's apnea-hypopnea index would be better controlled at 8 cm of water pressure. A CPAP titration study of June 29, 2014 was reviewed and was notable for an average awake pulse oximetry of 96% and lowest oxygen saturation of 90%. The applicant had a well-controlled apnea-hypopnea index of 5.5, it was noted, while using the CPAP at 5 cm of water pressure. At 8 cm of water pressure, the applicant's apnea-hypopnea index was eliminated altogether, the sleep specialist noted. The sleep specialist also noted that the applicant had previously been diagnosed with obstructive sleep apnea via a sleep study of March 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP (continuous positive airway pressure) machine with all accessories set at 8cm H2O pressure: Overturned

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 American Academy of Sleep Medicine (AASM), Clinical Guidelines for the Manual Titration of Positive Airway Pressure in Patients with Obstructive Sleep Apnea.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), CPAP pressure should be increased until the obstructive respiratory events in question are "eliminated." In this case, the attending provider and/or sleep specialist have established that usage of the CPAP device at 8 cm of water pressure did, in fact, completely eliminate the applicant's OSA-related events. Contrary to what was suggested by the claims administrator, the applicant does have polysomnographically-confirmed diagnosis of obstructive sleep apnea. The applicant's clinical presentation of other comorbidities including diabetes and severe obesity is also consistent with the clinical picture of obstructive sleep apnea, it is further noted. Therefore, the request is medically necessary.