

Case Number:	CM14-0174300		
Date Assigned:	10/27/2014	Date of Injury:	04/11/2014
Decision Date:	12/05/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/21/2014

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 Pulmonary Diseases, 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 injured worker is a 40-year-old male who reported an injury on 04/11/2014. While working as a salesperson, he was ambulating down a step ladder about 3 or 4 steps when he lost his balance and twisted his back. The diagnoses included lumbar radiculopathy, lumbar sprain/strain, and left hip internal derangement. The documentation dated 08/05/2014 indicated that the injured worker also had a subsequent development of sleep disturbances for which the injured worker took medication. The injured worker has a documented weight of 200 pounds. The diagnostics included a polysomnographic respiratory study that objectively documented that the injured worker had an obstruction of the airway consisting of 5 episodes of obstructive apnea, 8 episodes of obstructive hypopnea, and apnea/hypopnea index of 8 episodes of major obstruction of the airflow occurring every hour. Due to the obstruction of airflow during sleep, he also exhibited results of severe oxygen desaturation of the blood, which does not allow the proper amounts of oxygen to assess the brain and vital organs. The treatment plan included spirometry and pulmonary function and stress testing, sleep disorder breathing respiratory study, and a cardiorespiratory/autonomic function assessment. The request for authorization dated 10/37/2014 was submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spirometry And Pulmonary Function And Stress Testing:: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pulmonary (updated 7/29/14)- Pulmonary function testing

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

Decision rationale: The spirometry and pulmonary function and stress testing is not medically necessary. The complete pulmonary function test (PFT) is a test of the lung volumes of diffusing capacity for carbon monoxide. Lung volumes can be assessed by traditional methods or by using a plethysmography requiring the use of a body box. Other tests for the pulmonary function is useful in the use of asthma and include the spirometry before and after the use of the bronchodilator or after the use of a bronchoconstrictor. In other lung diseases, it can be used to determine the diagnosis and provide estimates of prognosis. In these diseases, the complete PFT is utilized, and on occasion incorporates pulmonary exercise stress testing recommended in the diagnosis and management of chronic lung disease. Lastly, it is recommended for the preoperative evaluation of individuals who may have degrees of pulmonary compromise and require pulmonary resection or in the preoperative assessment of the pulmonary patient. The documentation was not evident that the injured worker had a respiratory deficiency such as asthma or chronic lung obstructive disease, nor was the injured worker preoperative. The documentation did not provide day or night saturation with rest or exertion. The injured worker was not noted to be in distress and the objective findings did not include auscultation of the lungs. Furthermore, the pulse and respirations were not provided in the objective findings documentation. As such, the request is not medically necessary.

Sleep Disorder Breathing Respiratory 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 Pain (updated 7/10/14)- Polysomnography

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

Decision rationale: The request for sleep disorder breathing respiratory study is not medically necessary. The Official Disability Guidelines recommend the polysomnogram after six months of insomnia. The guideline for a polysomnography also include cataplexy, morning headaches, intellectual deterioration, and personality changes. It also includes sleep related breathing disorders and periodic limb movement disorders if suspected, insomnia complaints for at least 6 months, and unresponsive to behavior interventions and sedatives/sleep promoting medications and/or psychotic etiology has been excluded. A sleep study for the sole complaint of snoring, without 1 of the above mentioned symptoms is not recommended. Unattended or unsupervised home sleep studies for adult patients are recommended with a home sleep study device with a minimum of 4 recording channels, including oxygen saturation, respiratory movement, airflow,

and EKG or heart rate. The documentation provided did not indicate that the injured worker had the above symptoms. The documentation was not evident of any complaints of sleep related breathing disorders times 6 months. As such, the request is not medically necessary.

Cardio Respiratory/Autonomic Function Assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Am J Prev Med. 2005 Oct;29(3) 185-93

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Pain, Autonomic nervous system function testing Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/24438738>

Decision rationale: The Official Disability Guidelines are not specific to the specified request. The ODG generally do not recommend autonomic testing as a diagnostic test for CRPS. The PubMed.gov indicate that Cardiorespiratory fitness (CRF) is one of the most important health metrics in apparently healthy individuals, those at increased risk for cardiovascular (CV) disease and virtually all patient populations. In addition to CRF, a host of other variables obtained from aerobic exercise testing provides clinically valuable information. Individuals classified as obese (i.e. a body mass index 30 kg/m (2)) have varying degrees of CV, pulmonary and skeletal muscle dysfunction that impact CRF and other key aerobic exercise testing variables. Moreover, there is now evidence indicating inspiratory and expiratory respiratory muscle function, even in the absence of interstitial lung disease, is potentially compromised as a result of obesity. When obesity-induced respiratory muscle dysfunction is present, it has the potential to contribute to the limitations in CRF. The current review will discuss aerobic exercise testing and the assessment of respiratory muscle function in the obese population. The documentation provided was not evident that the injured worker had a diagnosis relevant for this specific testing. There are no signs and symptoms that the injured worker complained about that warrant a Cardio/ respiratory autonomic function testing. Additionally, the injured worker did not have any stated injuries from his reported claim that involved the Cardio or pulmonary. As such, the request is not medically necessary.