Case Number:	CM14-0023705		
Date Assigned:	06/11/2014	**Date of Injury:**	01/26/2012
Decision Date:	07/15/2014	**UR Denial Date:**	01/30/2014
Priority:	Standard	**Application Received:**	02/25/2014

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 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 61-year-old female who reported an injury on 01/26/2012, due to a slip and fall. The clinical note dated 12/03/2013 noted that the injured worker presented with bilateral wrist and hand pain, pain to the neck, lower back, bilateral shoulders, and bilateral elbow. Prior therapy included physical therapy. Upon examination, there is cervical torticollis and spasm noted on motion. The cervical spine range of motion values were 40 degrees of flexion, 30 degrees of extension, 40 degrees of right tilt, 40 degrees of left tilt, 40 degrees of right rotation, and 30 degrees of left rotation. The lumbar spine range of motion values were 25 degrees of flexion, 20 degrees of extension, 20 degrees of right rotation, 20 degrees of left rotation, 20 degrees of right tilt, and 20 degrees of left tilt. There was tenderness noted on palpation over the cervical midline, right paracervical musculature, and lumbar spinal musculature, midline. Motor function test was graded at a 4/5 on the right side for the biceps, triceps, and right wrist flexors. Sensory pinwheel testing revealed decreased C6 on the right. The diagnoses were cervical degenerative disc disease from C5-6, cervical postsurgical INST C6-7, lumbar postsurgical INST L4-5, lumbar spine facet syndrome at L5-S1, and herniated nucleus pulposus C5-6 and C6-7. The provider recommended a continuous positive air pressure (CPAP) machine. The provider's rationale was not included. The Request for Authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUOUS POSITIVE AIR PRESSURE (CPAP) MACHINE: 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 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 263-267.

Decision rationale: In a study authored by Epstein, et al., it was noted that positive air pressure may be delivered in continuous positive air pressure (CPAP), bi-level positive airway pressure (BiPAP), or auto-titrating adjusting positive airway pressure (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 obstructive 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 injured workers with obstructive sleep apnea. The study noted a full night diagnostic polysomnogram (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. An adequate examination of the injured worker was not provided detailing current deficits to warrant CPAP, such as a respiratory assessment. The provider's rationale was not provided in the request. As such, the request is not medically necessary.