

Case Number:	CM14-0025645		
Date Assigned:	06/13/2014	Date of Injury:	05/01/2012
Decision Date:	07/22/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/28/2014

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 and Pain Medicine and is licensed to practice in Texas. 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 52 year old male whose date of injury is 05/01/2012. The mechanism of injury is described as lifting. He has a history of L3-4 fusion in 1998. A medical note dated 04/24/13 indicates that he uses a continuous positive airway pressure (CPAP) machine. The progress report dated 12/16/13 indicates that the injured worker continues to complain of pain and numbness. The injured worker diagnoses are cervical herniated nucleus pulposus and right hand injury. Treatment to date includes cervical facet injections, cervical epidural steroid injection and medication management. He has a history of cardiomyopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUOUS POSITIVE AIRWAY PRESSURE/BILEVEL POSITIVE AIRWAY PRESSURE (CPAP/BIPAP) SUPPLIES EVERY 6 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head chapter: Sleep Aids.

Decision rationale: Based on the clinical information provided, the request for purchase CPAP /BiPAP supplies every six months is not medically necessary. The request is excessive, as ongoing positive response to the machine should be assessed periodically to establish efficacy of treatment. The current request does not document a specific end of treatment date. The injured worker's current use of and response to CPAP is not documented. Therefore, the request is not in accordance with the ODG, and medical necessity is not established.