

Case Number:	CM14-0026334		
Date Assigned:	06/13/2014	Date of Injury:	11/24/2008
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 30 year old female whose date of injury is 11/28/2008. The mechanism of injury is described as falling out of a chair. Note dated 12/10/13 indicates that the injured worker continues to complain of pain in the low back, right shoulder, left knee and neck. Diagnoses are persistent lumbar radiculopathy, chronic low back pain and postlaminectomy syndrome. Progress report dated 01/07/14 indicates that her left hand is more swollen and she cannot grip anything. Note dated 01/08/14 indicates that she is having difficulty with sleep onset. She gets about 3 hours of sleep per night. Note dated 02/25/14 indicates that the injured worker reports she is not sleeping well and she sleeps approximately 4 hours per night.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP: 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 (ODG) Head Chapter, Sleep aids.

Decision rationale: Based on the clinical information provided, the request for CPAP is not recommended as medically necessary. The submitted records indicate that the injured worker

underwent a sleep study; however, the report of this study is not submitted for review. There is no indication that the injured worker has undergone a Continuous Positive Airway Pressure (CPAP) trial. A trial of CPAP is necessary prior to purchase of the unit as it cannot be determined if the injured worker will utilize the machine or response to the machine or if he will require alternative treatment.