

Case Number:	CM14-0026883		
Date Assigned:	06/13/2014	Date of Injury:	03/16/2013
Decision Date:	07/18/2014	UR Denial Date:	02/27/2014
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 Orthopedic Surgery 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 33-year-old female was reportedly injured on March 16, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated November 12, 2013, indicated that there were ongoing complaints of snoring and gasping for air, daytime somnolence, night sweats and falling asleep at inappropriate times. The injured workers' bedtime partners have observed sleep apnea and loud snoring. The physical examination demonstrated the patient who is 5 feet 2 inches tall and 190 pounds. Pharyngeal exam reveals nasal congestion and turbinates appeared to be abnormal. Oropharynx was with good dentition. Uvula was elongated with extra webbing surrounding the oropharyngeal orifice and slope of the soft palate. The tongue was enlarged with normal enlarged tonsillar pillars. Diagnostic imaging study included cardiorespiratory testing. Previous treatment included psychotherapy and oral medications. A request was made for one cardiorespiratory autonomic function assessment to include cardio vagal innervation and heart rate variability, androgenic beat to beat blood pressure responses to the Valsalva maneuver, sustained hand grip, and blood pressure and heart rate responses to active standing. It is noted that a retrospective request for the initial and subsequent treatment was not certified in the preauthorization process completed on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CARDIO-RESPIRATORY/AUTONOMIC FUNCTION ASSESSMENT TO INCLUDE CARDIOVAGAL INNERVATION AND HR VARIABILITY (PARASYMPATHETIC INNERVATION), ADRENERGIC BEAT-TO-BEAT BLOOD PRESSURE (BP)

RESPONSES TO THE VALSALVA MANEUVER, SUSTAINED HAND GRIP, AND BP AND HR RESPONSES TO ACTIVE STANDING, AND EKG: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter, February 2014.

Decision rationale: Based on the documentation, the patient does have signs of OSA. She has a Epworth score of 19/24; however, there is no history of prior treatment or testing for symptoms prior to November 11, 2013. ACEOM does not make any recommendations for the above studies. Base line pulmonary function testing with baseline spirometry would be first line of treatment. Official Disability Guidelines recommend polysomnography for excessive daytime somnolence, cataplexy, morning headaches after other causes have been ruled out, intellectual deterioration, personality changes, insomnia for at least six months unresponsive to therapy, not the sole symptoms of snoring. There is not enough evidence to warrant the above studies. Therefore, it's not medically necessary.

1 REPEAT DIAGNOSTIC TESTING EVERY 3 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.