

Case Number:	CM14-0028275		
Date Assigned:	06/13/2014	Date of Injury:	08/30/2010
Decision Date:	07/17/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/05/2014

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 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:

According to the records made available for review, this is a 46-year-old male with an 8/30/10 date of injury. At the time (1/29/14) of the request for authorization for 1 continuous positive airway pressure or nasal valve between 2/21/14 and 3/29/14, there is documentation of subjective (sleep issues) and objective (no obstruction of either nasal passageway, airway flow on either side appears to be adequate) findings, current diagnoses (sleep apnea), and treatment to date (medication and treatment with a sleep specialist).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CONTINUOUS POSITIVE AIRWAY PRESSURE OR NASAL VALVE BETWEEN 2/21/2014 AND 3/29/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Guidelines for the Manual Titration of Positive Airway Pressure in Patients with Obstructive Sleep Apnea. Positive Airway Pressure Titration Task Force of the America Academy of Sleep Medicine. Journal of Clinical Sleep Medicine, Vol. 4, No. 2, 2008. National Coverage Determination (NCD) for Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA) (240.4).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Continuous Positive Airway Pressure (CPAP) for the

Treatment of Obstructive Sleep Apnea in Adults and Children, and Related Devices for the Treatment of Obstructive Sleep Apnea in Adults."

Decision rationale: Medical Treatment Guidelines identify documentation of either of the following criteria on polysomnography [1. Apnea Hypopnea Index (AHI) or a Respiratory Disturbance Index (RDI) greater than or equal to 15 events per hour; OR 2. AHI (or RDI) greater than or equal to 5, and less than 15 events per hour with documentation demonstrating any of the following symptoms: Excessive daytime sleepiness, as documented by either a score of greater than 10 on the Epworth Sleepiness scale or inappropriate daytime napping, (e.g., during driving, conversation or eating) or sleepiness that interferes with daily activities; or Impaired cognition or mood disorders; or Hypertension; or Ischemic heart disease or history of stroke; or Cardiac arrhythmias; or Pulmonary hypertension], as criteria necessary to support the medical necessity of continuous positive airway pressure (CPAP). Within the medical information available for review, there is documentation of diagnoses of sleep apnea. However, there is no documentation of either of the following criteria on polysomnography [1. Apnea Hypopnea Index (AHI) or a Respiratory Disturbance Index (RDI) greater than or equal to 15 events per hour; OR 2. AHI (or RDI) greater than or equal to 5, and less than 15 events per hour with documentation demonstrating any of the following symptoms: Excessive daytime sleepiness, as documented by either a score of greater than 10 on the Epworth Sleepiness scale or inappropriate daytime napping, (e.g., during driving, conversation or eating) or sleepiness that interferes with daily activities; or Impaired cognition or mood disorders; or Hypertension; or Ischemic heart disease or history of stroke; or Cardiac arrhythmias; or Pulmonary hypertension]. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.