

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0041353 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 09/09/1999 |
| <b>Decision Date:</b> | 09/08/2014   | <b>UR Denial Date:</b>       | 03/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/07/2014 |

### 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 Maryland. 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 employee was a 60 year old male who sustained an industrial injury on September 9, 1999. The progress notes from 06/11/14 was reviewed. He was still receiving psychiatric care. His energy levels were low. His headaches had worsened and he was feeling depressed. He also had chest pain, sleeping difficulty, periodic awakening by gasping episodes and day time tiredness. His examination revealed slight epigastric tenderness and had an oxygen saturation of 97%. His medications were Melatonin with Gabapentin, Androgel pump, vitamin D3, magnesium citrate, omega 3 fish oil, multivitamin, calcium with vitamin d, Provigil, vitamin A, Lunesta, Carisoprodol, Norco and Xanax. His diagnoses included chronic pain state, chronic headaches, atypical chest pain, GERD, anxiety, depression, overweight, insomnia with obstructive sleep apnea with secondary excessive daytime sleepiness, can't tolerate CPAP mask or nasal pillows, erectile dysfunction, opiate induced hypogonadism, dyslipidemia, bilateral tinnitus, prostatism and hypertension. The plan of care included updated overnight polysomnogram as recommended by the Sleep Specialist and continuing current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Updated Polysomnogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ,Pain polysomnogram.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Polysomnography Other Medical Treatment Guideline or Medical Evidence: Polysomnography in obstructive sleep apnea in adults. Uptodate.

**Decision rationale:** The employee was being treated for chronic pain state. His other pertinent diagnosis is insomnia with obstructive sleep apnea. It is noted in the progress notes that he was unable to tolerate CPAP. According to the above evidence cited, repeat polysomnography/sleep study within five years of the previous study is indicated for weight gain or loss of 10% of body weight, after oral appliance treatment for moderate to severe OSA, for followup PAP titration when indicated and when split night study was initially not done and when symptoms return despite initial good response to treatment with PAP device. It is not clear based on the available data when the first study was done and what the results were. It is also not clear if any desensitization strategies were used to get the employee to tolerate the CPAP machine. Also, it isn't clear if BIPAP titration was attempted or if there were attempts at changing the mask to improve tolerance. In the absence of all the above information, the request for repeat polysomnography is not medically necessary or appropriate.