MAXIMUS Federal Services

Case Number:	CM14-0049359		
Date Assigned:	07/07/2014	Date of Injury:	09/17/2012
Decision Date:	08/29/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/28/2014

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 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:

The applicant is a represented [redacted] employee who has filed a claim for pulmonary hypertension reportedly associated with an industrial injury of September 17, 2012.In a Utilization Review Report dated March 18, 2014, the claims administrator denied a request for two nights of a home sleep diagnostic study. The rationale for the denial was quite sparse. The claims administrator stated that the applicant did not have any compelling evidence of sleep apnea and that the applicant's complaints of snoring did not necessarily make a compelling case for the sleep study.The applicant's attorney subsequently appealed.In a December 16, 2013 progress note, the applicant was described as having issues which included loud snoring and observed apneas. Somewhat incongruously, another section of the report stated that the applicant's bed partner had not observed the apnea and/or loud snoring. The applicant did have a BMI of 32. The applicant had enlarged tonsillar pillars. The applicant scored 24 on the Epworth Sleepiness Scale. Pulmonary function testing, a sleep study, and overnight nasal function testing were sought. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) nights of home sleep diagnostic study: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Internet, Pain, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults.

Decision rationale: The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), polysomnography is indicated when there is reasonable clinical suspicion of breathing disorder or sleep apnea. In this case, the applicant's self reports of loud snoring, and apneic events, coupled with the 24 score on the Epworth Sleepiness Scale, do suggest that the applicant may in fact carry a diagnosis of sleep apnea for which the home sleep diagnostic study is indicated.Similarly, the applicant's BMI of 32 and enlarged tonsillar pillars also suggest that the applicant may very well have some element of sleep apnea present here. The two nights' home sleep diagnostic study to further evaluate the same is therefore indicated. Accordingly, the request is medically necessary.