

Case Number:	CM14-0052518		
Date Assigned:	07/07/2014	Date of Injury:	10/28/2008
Decision Date:	08/26/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/21/2014

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 patient is a 60-year-old female who has submitted a claim for hypertension, left heart failure, and obstructive sleep apnea associated with an industrial injury date of 10/28/2008. Medical records from 02/06/2012 to 05/28/2014 were reviewed and showed that patient complained of frequent nocturnal awakenings, snoring loudly, occasional sleep talking and has been told that he stops breathing at night. Physical examination revealed a BMI of 38, blood pressure of 149/85, neck circumference of 19 inches, patent nasal airway, small posterior throat aperture, low soft palate, normal tongue, enlarged uvula, and normal tongue and jaw. Split night study with CPAP titration polysomnogram dated 02/20/2014 revealed severe obstructive sleep apnea with Apnea/Hypopnea index of 101.8 with elevated supine index. Treatment to date has included Hydrochlorothiazide, Carvedilol, Furosemide, and CPAP. Utilization review dated 03/18/2014 denied the request for continuous positive airway pressure (CPAP) machine because there was insufficient documentation to warrant authorization of this treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous Positive Airway Pressure (CPAP) Machine quantity 1.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment, Integrated Treatment/Disability Duration Guidelines, Pulmonary (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Section, Sleep Aids and on Other Medical Treatment Guideline or Medical Evidence: AIM Specialty Health Sleep Disorder Management Diagnostic & Treatment Guidelines January 2014.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and Official Disability Guidelines (ODG) was used instead. ODG states that sleep aids are recommended. Depending on etiology, management strategies include, but are not limited to, extension of time in bed, naps, surgery, various medical devices (e.g., oral appliance, continuous positive airway pressure) and medication therapy. The AIMS guidelines for treatment with CPAP includes home or lab based sleep study that demonstrates one of the following: AHI (apnea/hypopnea index) greater than or equal to 15 or AHI 5-14 with any of the following: excessive daytime sleepiness, impaired cognition, mood disorders, insomnia, treatment-resistant hypertension (persistent hypertension in a patient taking three or more antihypertensive medications), ischemic heart disease, history of stroke; and determination of CPAP level. In this case, the patient was noted to take daytime naps (02/20/2014). Split night study polysomnogram dated 02/20/2014 revealed obstructive sleep apnea with AHI score of 101.8. The patient meets the aforementioned criteria for CPAP treatment. The medical necessity has been established. Therefore, the request for Continuous Positive Airway Pressure (CPAP) Machine quantity 1 is medically necessary.