

<b>Case Number:</b>	CM14-0067960		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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, has a subspecialty in Pulmonary Diseases 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 53-year-old male who reported an injury on 02/15/2012. The mechanism of injury was not provided in the medical records. His diagnoses included shoulder impingement syndrome, elbow sprain/strain, right carpal tunnel release, left carpal tunnel syndrome, sleep disturbance, and depression. Previous treatments included medications, physical therapy, chiropractic care, acupuncture, and surgery. Per the clinical note dated 03/28/2014, the injured worker had complaints of bilateral shoulder pain, bilateral elbow pain, and bilateral wrist pain. On physical examination, the physician reported he reviewed the toxicology report from 02/28/2014, and it was consistent with the injured worker's medications. The physician's treatment plan included cardiorespiratory diagnostic testing (autonomic functional assessment) to measure the injured worker's cardiac and respiratory autonomic nervous system functioning; pulmonary and respiratory diagnostic testing to measure the injured worker's respiratory function and screen for any signs and symptoms arising out of the industrial injury that are known with reasonable medical probability to be influenced or aggravated by anatomic imbalance and dysfunction; a sleep disturbance breathing study; and a request for a urine drug screen to rule out med toxicity. The Request for Authorization was not provided in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic Testing to screen and rule out RPA (right pulmonary artery genesis), SDB (sleep disorder breathing), OSA (obstructive sleep apnea), and CSR (Cheyne-Stokes respirations): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Polysomnography.

**Decision rationale:** The request is for diagnostic testing to screen and rule out RPA (right pulmonary artery genesis), SDB (sleep disorder breathing), OSA (obstructive sleep apnea), and CSR (Cheyne-Stokes respirations). The Official Disability Guidelines for polysomnography state "sleep study are recommended after at least 6 months of insomnia complaints (at least 4 nights a week) unresponsive to behavior intervention, sedative/sleep promoting medications, and after psychological etiology has been excluded." They are not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. The criteria for the polysomnography/sleep studies are recommended for the combination of indications to include excessive daytime somnolence, cataplexia, morning headaches, intellectual deterioration, personality change, sleep-related breathing disorder, periodic limb disorder, insomnia for at least 6 months, unresponsive to behavioral intervention and sleep-promoting medications. A sleep study for sole complaints of snoring, without one of the above-mentioned symptoms, is not recommended. In the clinical notes provided, the physician indicated he was ordering the cardiorespiratory diagnostic testing in order to objectively measure the injured worker's cardiac and respiratory autonomic nervous system functioning, and screen for any signs and symptoms arising out of the industrial injuries that are known, with reasonable medical probability, to be influenced or aggravated by anatomic imbalance and dysfunction. However, there is no rationale to indicate why the cardiopulmonary diagnostic testing would be necessary. The clinical documentation provided failed to provide a current physical examination to indicate the injured worker's current symptoms and the need for the cardiorespiratory diagnostic testing. As such, the request for Diagnostic Testing to screen and r/o RPA, SDB, OSA, and CSR is not medically necessary.

**Urine Drug Screen to rule out meds Toxicity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 77-80, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The current request is for a urine drug screen to rule out med toxicity. The California MTUS Guidelines indicate the use of drug screening for inpatient treatment with issues of abuse, addictions, or poor pain control. The medical documentation provided did not indicate the injured worker had issues of abuse, addiction, or poor pain control. The documentation provided indicated that 2 previous urine drug screens performed were consistent with the injured worker's medications. Given the fact that the treating physician failed to indicate the rationale for the urine drug screen, and there was no documentation to indicate abuse,

addictions, or poor pain control is not supported. As such, the request for urine drug screen to r/o meds toxicity is not medically necessary.

**Spirometry and Pulmonary Function and Stress Testing: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary Function Testing.

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

**Decision rationale:** The request is for spirometry and pulmonary function and stress testing. The Official Disability Guidelines state that "pulmonary function testing is recommended and separated into simple spirometry and complete pulmonary function testing." The complete pulmonary function test adds tests to the lung volumes and the diffusing capacity for carbon monoxide. Lung volumes can be assessed by traditional methods or by using the plethysmography, requiring the use of a body box. The clinical documentation provided failed to provide a physical examination and the rationale support the request for the spirometry and pulmonary function and stress testing. There was a lack of clinical information regarding pulmonary complaints. As such, the request for spirometry and pulmonary function and stress testing is not medically necessary.

**Sleep Disorder Breathing Respiratory Study w/ Pulse Oximetry & Nasal Function: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Polysomnography.

**Decision rationale:** The request is for sleep disorder breathing respiratory study with pulse oximetry and nasal function. The Official Disability Guidelines state "polysomnography/sleep studies are recommended after at least 6 months of insomnia complaints (at least 4 nights a week), unresponsive to behavior intervention and sedative/sleep promoting medications, and after psychological etiology has been excluded." Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. In the clinical notes provided, the physician indicated he was ordering the cardiorespiratory diagnostic testing in order to objectively measure the injured worker's cardiac and respiratory autonomic nervous system functioning, and screen for any signs and symptoms arising out of the industrial injuries that were known, with reasonable medical probability, to be influenced or aggravated by anatomic imbalance and dysfunction. The clinical documentation provided failed to provide a physical examination and the rationale to indicate why the sleep disorder breathing respiratory study with oximetry and nasal function would be necessary. There was a lack of respiratory

symptoms to support the necessity of the request. As such, the request for sleep disorder breathing respiratory study with pulse oximetry and nasal function is not medically necessary.