Case Number:	CM14-0070826		
Date Assigned:	06/27/2014	**Date of Injury:**	03/27/2013
Decision Date:	08/20/2014	**UR Denial Date:**	03/12/2014
Priority:	Standard	**Application Received:**	04/03/2014

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:

Patient is a 43-year-old male who has submitted a claim for right wrist internal derangement, right wrist sprain / strain, right wrist tenosynovitis, anxiety, depression, rule out chronic airway obstruction, rule out Cheyne-Stokes respiration and dyspnea, rule out sleep-disordered breathing, and rule out obstructive sleep apnea associated with an industrial injury date of 03/27/2013.Medical records from 2013 to 2014 were reviewed. A report from 11/15/2013 cited that patient complained of sleep difficulty, associated with snoring, gasping arousals, and daytime sleepiness. Apnea was observed by patient's partner. On a usual night, patient experienced awakening 3 times per night. Physical examinaiton showed Class II Mallampati scoring, nasal congestion, and elongated uvula. Cardiorespiratory diagnostic testing report from 11/15/2013 demonstrated abnormal responses to autonomic challenges suggesting autonomic dysfunction. Recommendation was to perform pulmonary / respiratory diagnostic testing in order to further measure the patient's respiratory functioning and to screen for any other respiratory issues.Treatment to date has included chiropractic care, physical therapy, and medications.Utilization review from 03/13/2014 certified the request for overnight pulse oximetry test. The requests for sleep disorder breathing respiratory (SDBR), nasal function study, and spirometry and pulmonary testing and stress testing were denied pending the results of overnight pulse oximetry test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep disorder breathing respiratory (SDBR): 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, POLYSOMNOGRAPHY.

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

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, the Official Disability Guidelines (ODG), Pain Chapter was used instead. According to ODG, criteria for Polysomnography include excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change; and insomnia complaint for at least six months, unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In this case, patient complained of sleep difficulty, associated with apnea, nighttime awakening, snoring, gasping arousals, and daytime sleepiness. Cardiorespiratory diagnostic testing report from 11/15/2013 demonstrated abnormal responses to autonomic challenges suggesting autonomic dysfunction. Recommendation was to perform pulmonary / respiratory diagnostic testing to screen for any other respiratory issues. However, patient was already certified to undergo overnight pulse oximetry test since March 2014. It is unclear if the procedure was already accomplished due to absence of official result in the records submitted. Moreover, the most recent report assessing patient's sleep hygiene was dated November 2013. The current clinical and functional status of the patient is not known. The medical necessity cannot be established due to insufficient information. Therefore, the request for sleep disorder breathing respiratory study is not medically necessary.

Nasal function study: 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 Passali, F. M., Bellussi, L., Mazzone, S., & Passali, D. (2011). Predictive role of nasal functionality tests in the evaluation of patients before nocturnal polysomnographic recording. ACTA Otorhinolaryngologica Italica, 31 (2); page 103-108.

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, an article entitled Predictive role of nasal functionality tests in the evaluation of patients before nocturnal polysomnographic recording was used instead. Literature shows that evaluation of nasal functions can be used in the selection of obstructive sleep apnea syndrome patients undergoing polysomnography. In this case, patient complained of sleep difficulty, associated with apnea, nighttime awakening, snoring, gasping arousals, and daytime sleepiness. Cardiorespiratory diagnostic testing report from 11/15/2013 demonstrated abnormal

responses to autonomic challenges suggesting autonomic dysfunction. Recommendation was to perform further screening for any other respiratory issues. However, patient was already certified to undergo overnight pulse oximetry test since March 2014. It is unclear if the procedure was already accomplished due to absence of official result in the records submitted. Moreover, the most recent report assessing patient's sleep hygiene was dated November 2013. The current clinical and functional status of the patient is not known. The medical necessity cannot be established due to insufficient information. Therefore, the request for nasal function studies is not medically necessary.

Spirometry and pulmonary testing 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, 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 chapter, Pulmonary Function Testing and Summary of Recommended Key Clinical Activities for the Diagnosis and Management of Asthma.

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, the Official Disability Guidelines (ODG) was used instead. ODG states that spirometry measures forced vital capacity (FVC) and it provides a variety of airflow rates such as the forced expiratory volume in one second (FEV1) and the forced expiratory flow between 25-75% of the total exhaled volume (FEF25-75). Recommendation is to obtain lung function measures by spirometry at least every 1-2 years, and more frequently for not well-controlled asthma. ODG further states that pulmonary function testing is recommended in asthma. In other lung diseases, it can be used to determine the diagnosis and provide estimates of prognosis. In these diseases, the complete PFT is utilized and, on occasions, incorporates pulmonary exercise stress testing. This is recommended for the diagnosis and management of chronic lung diseases. In this case, patient complained of sleep difficulty, associated with apnea, nighttime awakening, snoring, gasping arousals, and daytime sleepiness. Cardiorespiratory diagnostic testing report from 11/15/2013 demonstrated abnormal responses to autonomic challenges suggesting autonomic dysfunction. Recommendation was to perform further screening for any other respiratory issues. However, patient was already certified to undergo overnight pulse oximetry test since March 2014. It is unclear if the procedure was already accomplished due to absence of official result in the records submitted. Moreover, the most recent report assessing patient's sleep hygiene was dated November 2013. The current clinical and functional status of the patient is not known. The medical necessity cannot be established due to insufficient information. Therefore, the request for spirometry and pulmonary function and stress testing is not medically necessary.

Overnight pulse oximetry: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nim,nih.gov/pubmed/22070070 (study of acustic rhinometry and rhinomanometry for severe obstructive sleep apnea-hypopnea syndrome).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Overnight Pulse Oximetry for Sleep- Disordered Breathing in Adults, CHEST 2001; 120:625-633 (Downloaded From: http://journal.publications.chestnet.org/ on 06/25/2014).

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, an article entitled Overnight Pulse Oximetry for Sleep- Disordered Breathing in Adults was used instead. It states that, for diagnosis and treatment of sleep-disordered breathing, overnight pulse oximetry helps determine the severity of disease and is used as an economical means to detect sleep apnea. In this case, patient complained of sleep difficulty, associated with apnea, nighttime awakening, snoring, gasping arousals, and daytime sleepiness. Cardiorespiratory diagnostic testing report from 11/15/2013 demonstrated abnormal responses to autonomic challenges suggesting autonomic dysfunction. Recommendation was to perform further screening for any other respiratory issues. However, patient was already certified to undergo overnight pulse oximetry test since March 2014. It is unclear if the procedure was already accomplished due to absence of official result in the records submitted. There is no clear indication for a repeat testing at this time. Therefore, the request for overnight pulse oximetry is not medically necessary.