

Case Number:	CM14-0070919		
Date Assigned:	07/14/2014	Date of Injury:	03/05/2007
Decision Date:	09/15/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/15/2014

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 63-year-old male who has submitted a claim for moderate obstructive sleep apnea, partial resolution of OSA with nasal pillows, excessive daytime sleepiness, periodic limb movements of sleep, and sleep maintenance insomnia associated with an industrial injury date of 3/5/2007. Medical records from 2010 to 2014 were reviewed. According to a medical report, a sleep study performed from 2010 to 2012 showed that patient had obstructive sleep apnea associated with obesity. Patient had attempted CPAP in the past without significant improvement in symptoms. A supplemental repeat CPAP titration report from 12/29/2010 confirmed the presence of obstructive sleep apnea. No physical examination was submitted for review. Utilization review from 5/5/2014 denied the request for polysomnogram, multiple sleep latency test and CPAP titration because there was no documentation of possible narcolepsy. The results of the original sleep studies were likewise not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polysomnogram, Multiple sleep latency test and CPAP titration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - 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 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 the request for polysomnogram. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section, was used instead. Official Disability Guidelines state that polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. On the other hand, 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, patient has a known obstructive sleep apnea since 2010 confirmed by sleep studies. The present request for repeat diagnostic testing is to compare findings from previous results. However, there was no documentation concerning subjective complaints or objective findings pertaining to difficulty in sleeping. There was no discussion concerning sleep hygiene. The medical necessity cannot be established due to insufficient information. Therefore, the request for polysomnogram, multiple sleep latency test and CPAP titration is not medically necessary.