

Case Number:	CM14-0072734		
Date Assigned:	07/16/2014	Date of Injury:	11/10/2011
Decision Date:	08/25/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/19/2014

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 49 year old male who was injured on 11/10/2010 while he was lowering a 32 foot fiberglass ladder and forced twisting movements to the low back. He felt pain radiating down right lower extremity. Prior treatment history has included home exercise program, Norco, Gabapentin, Omeprazole, and Colace. Polysomnogram report dated 07/01/2013 indicates the patient has a diagnosis of severe sleep apnea, unspecified and periodic limb movement arousal index. Visit note dated 04/28/2014 indicates the patient complained of back pain radiating from the low back down both legs and lower backache with associated numbness over both legs, left greater than right. He reported his pain level has increased and rates his pain with medications a 7/10 and without medications a 9/10. On exam, he is noted to have asthma/bronchitis and is short of breath. He has a non-productive cough. He reports dry mouth, dizziness, and sleep disturbance. The lumbar spine revealed restricted range of motion with flexion to 35 degrees with pain; extension limited to 10 degrees; right lateral bending limited to 5 degrees; left lateral bending to 8 degrees; lateral rotation to the left limited to 40 degrees and lateral rotation to the right limited to 40 degrees. The paravertebral muscles, hypertonicity and tenderness are noted bilaterally. Straight leg raise is positive on the right side in supine position. The patient is diagnosed with lumbar radiculopathy, lumbar spinal degenerative disk disease, low back pain, thoracic pain, and shoulder pain. The patient has been recommended for a lumbar support back brace and CPAP (Continuous positive airway pressure) machine for his diagnosed sleep apnea. Prior utilization review dated 05/05/2014 states the request for CPAP (Continuous positive airway pressure) Machine is denied as there is a lack of evidence to support the request; Lumbar Support Back Brace is denied due to lack of supported evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP(Continuous positive airway pressure) Machine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/1_99/0004.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin, Obstructive Sleep Apnea in Adults.

Decision rationale: CA MTUS and ODG do not address the issue in dispute. According to an Aetna policy bulletin on obstructive sleep apnea, CPAP machine is considered medically necessary when a patient has an apnea hypopnea index (AHI) of greater than 15 events per hour and a minimum of 30 events. In this case the patient is diagnosed with severe sleep apnea. On 7/1/13 the patient had a polysomnogram, which showed an apnea hypopnea index of 36.9 events per hour of sleep. Medical necessity is established. Therefore, the request of CPAP (Continuous positive airway pressure) Machine is medically necessary and appropriate.

Lumbar Support Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines) low back chapter-back brace,post operative.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Support.

Decision rationale: According to MTUS guidelines, lumbar braces do not have any benefit beyond the acute phase. According to ODG guidelines, lumbar supports are not recommended for prevention but may be recommended for compression fractures, documented instability, spondylolisthesis, or non-specific low back pain, though evidence for the latter is very low-quality. In this case the patient is a 49-year-old male with date of injury of 11/10/10 with chronic low back pain, lumbar DDD (Degenerative Dis Disease) and lumbar radiculopathy. However, there is no documented fracture, instability or spondylolisthesis. There is low-quality evidence for lumbar supports/braces otherwise. Therefore, the request of Lumbar Support Back Brace is not medically necessary and appropriate.