

Case Number:	CM14-0177723		
Date Assigned:	10/31/2014	Date of Injury:	09/14/2011
Decision Date:	03/05/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 47-year-old male with a date of injury of 09/14/2011. The mechanism of injury was not provided. His diagnoses included traumatic brain injury (TBI) with secondary CSF leak, Obstructive Brain Syndrome secondary to TBI, epilepsy secondary to TBI and signs on exam of recent seizure, Obstructive Sleep Apnea aggravated by TBI, severe inappropriate daytime somnolence, new onset of cogwheeling on the left, new loss of vibration sense in the toes, heart murmur, hypertension, peripheral vascular disease, shoulder pain with history of fracture, and cervical and lumbar radiculopathies. His past treatments include using CPAP consistently. Surgical history was not included in the medical records. On 09/16/2014, the injured worker complained of pain in his back and shoulders and presented for follow up of traumatic brain injury with secondary obstructive sleep apnea aggravation, headaches, epilepsy, and OBS. The injured worker complained that he cannot sleep at night on his right side, and he is still typically only sleeping 1 to 2 hours a night. He falls asleep at work. Sleeping pills have not helped. On physical examination, his pupils were unequal, round, and reactive to light and accommodation at 3 mm on the right, 4 mm on the left. Ptosis was on the right more than the left. Fundoscopic did not reveal any hemorrhages or exudates. There was arterial narrowing, the discs were flat and sharp. There was no optic pallor but there was 1+ left Marcus Gunn. The temporal pulses were decreased. The shoulder range of motion on the right was limited and painful with crepitus. Abduction was limited as was extension and flexion. The muscle tone was “increased in all, more on the left.” There was a hint of cogwheeling on the left. Strength testing was normal. Deep tendon reflexes were normal and intact. Sensory was light to touch

and intact. His medication is Dexedrine. The Request for Authorization form was not provided. The treatment plan was not included. The request is for a repeat polysomnogram with titration of CPAP as well as a multiple sleep latency test to rule out narcolepsy and worsening of the obstructive sleep apnea. Rationale is “if he loses a job it will be for work related symptoms of the work related disabilities” which he would be considered 100% disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multiple Sleep Latency Test: 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 for multiple sleep latency test (MSLT) is not medically necessary. The California MTUS/ACOEM Guidelines do not address multiple sleep latency test. The MSLT is for excessive daytime sleepiness by measuring how quickly you fall asleep in a quiet environment during the day. The injured worker complained of sleeping at work. There is a lack of documentation that would indicate the injured worker's functional abilities during the day. There is a lack of documentation as to how many hours a day he sleeps at work, or his sleep patterns in the evening, at night. As such, the request for multiple sleep latency tests is not medically necessary.

Continuous Positive Airway Pressure Titration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/9792577> Chest. 1998 Oct; 114(4): 1056-80. Daytime CPAP titration: a viable alternative for patients with severe obstructive sleep apnea. Rosenthal L1, Nykamp K, Guido P, Syron ML, Day R, Rice M, Roth T

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 for continuous positive airway pressure titration is not medically necessary. The patient complains he is consistently using his CPAP but he is still falling asleep at work. According to the guidelines, CPAP is also indicated for improving self reported sleeplessness, improving quality of life, and as an adjunct to low blood pressure and hypertensive patients with obstructive sleep apnea. The guidelines noted a full night attended polysomnography/PSG performed in the lab is the preferred approach for titration to determine the optimal positive air pressure level. Certain CPAP devices may be used during attended

titration with PSG to identify the single pressure for use with a standard CPAP for treatment of moderate to severe obstructive sleep apnea. According to the latest guidelines, home portable monitoring testing is increasingly being used to diagnose patients with obstructive sleep apnea (OSA) and to initiate them on continuous positive airway pressure (CPAP) treatment, and the latest evidence indicates that functional outcome and treatment adherence in patients evaluated according to a home testing algorithm is not clinically inferior to that of patients receiving standard in laboratory PSG. As such, the request for the continuous positive airway pressure titration is not medically necessary.

Polysomnogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 09/10/14)
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,
Polysomnography.

Decision rationale: The request for polysomnogram is not medically necessary. The patient had complaints of not sleeping on his right side and falling asleep at work. According to the guidelines, polysomnography is recommended after at least 6 months of insomnia complaints at least 4 nights a week, unresponsiveness to behavior intervention, sedatives/sleep promoting medications, and after psychiatric etiology has been excluded. It is not recommended for routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. According to the guidelines, the criteria for the PSGs is excessive daytime somnolence, cataplexy, muscle weakness usually brought on by excitement or emotion, morning headaches, intellectual deterioration, personality change, sleep related breathing disorder, insomnia complaints for at least 6 months and unattended home sleep studies for adult patients are appropriate with home sleep study devices with a minimum of 4 recording channels. According to the documentation it lacked objective evidence of excessive daytime somnolence, the muscle weakness that is usually exclusive to narcolepsy, morning headaches, intellectual deterioration, and personality change. As such, the request for polysomnogram is not medically necessary.