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| Case Number: | CM14-0191644 | | |
| Date Assigned: | 11/25/2014 | Date of Injury: | 02/29/1996 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 11/04/2014 |
| Priority: | Standard | Application Received: | 11/17/2014 |

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
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 47-year-old female with an industrial injury dated 02/29/1996. The mechanism of injury or complaints at time of injury is not documented. Progress note dated 10/23/2014 documents the injured worker continues having problems with shortness of breath. The provider notes the injured worker does snore and has apneic spells. Treatment to date includes inhalers, oxygen, pulmonary rehabilitation and medications. Physical exam revealed abnormal breath/voice sounds. A decrease in breath sounds was heard in the right lung. Heart sounds were normal. Diagnosis/Assessment included paroxysmal atrial fibrillation, thoracic outlet syndrome, chronic obstructive pulmonary disease, diaphragmatic paralysis, restrictive lung disease and obstructive sleep apnea. The provider requested a sleep apnea test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep apnea test: 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) 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 (Chronic), Polysomnography.

Decision rationale: The requested Sleep apnea test is not medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines, CA MTUS is silent on this issue. Official Disability Guidelines (ODG), Pain (Chronic), Polysomnography, noted that this study 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. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders" and note the criteria for testing are: Polysomnograms /sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; (7) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended." The injured worker has problems with shortness of breath. The provider notes the injured worker does snore and has apneic spells. Treatment to date includes inhalers, oxygen, pulmonary rehabilitation and medications. Physical exam revealed abnormal breath/voice sounds. A decrease in breath sounds was heard in the right lung. Heart sounds were normal. Diagnosis/Assessment included paroxysmal atrial fibrillation, thoracic outlet syndrome, chronic obstructive pulmonary disease, diaphragmatic paralysis, restrictive lung disease and obstructive sleep apnea. The treating physician has not documented the following details: insomnia complaint of at least six months duration of at least four nights per week, trials of behavior intervention and sleep-promoting medications, exclusion of psychiatric etiology, excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change. The criteria noted above not having been met, sleep apnea test is not medically necessary.