

Case Number:	CM14-0193851		
Date Assigned:	11/21/2014	Date of Injury:	10/18/2012
Decision Date:	01/15/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

This patient is a 48 year old male with a date of injury of 10/18/12. Per treating physician report dated 10/30/14, this patient presents with neck pain and headaches. He notes some tinnitus and vibrating sensation in his head. The patient reports substantial relief of headaches following ketorolac injections. The patient is currently off work due to increase in symptoms with pushing, pulling, reaching and lifting. Current medications include Ondansetron for nausea, Cyclobenzaprine for muscle spasms, Frova for headaches, Alprazolam and Xanax for anxiety and sleep, NSAID for pain and Omeprazole for stomach irritation. Examination revealed tenderness in the left cervicooccipital, left lateral cervical paravertebral muscles upper trapezius with some increase in pain with left cervical rotation. The listed diagnoses are closed head injury with concussion, cervical strain with radiculopathy, posttraumatic headaches, and post traumatic hearing impairment. Treatment plan is for Botox injections, PAP-NAP study, and neurosurgery consult. The Utilization review denied the requests on 11/10/14. Treatment reports from 4/11/14 through 10/30/14 were reviewed. There is an appeal letter dated 11/10/14. The treating physician argues that the patient requires the PAP-NAP for complex sleep apnea and has failed CPAPA. "He had failed CPAP titration to adequately correct him and the consulting neurologist, sleep medicine physician has requested the PAP-NAP for additional evaluation and possible treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Positive airway pressure-NAP sleep study: 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), Pain Chapter

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, polysomnogram

Decision rationale: This patient presents with neck pain and headaches. The current request is for positive airway pressure-NAP sleep study. MTUS/ACOEM topics and MTUS/Chronic Pain Guidelines do not discuss polysomnogram/sleep studies, so ODG guidelines are consulted. ODG Guidelines, Pain chapter has the following regarding polysomnogram, "recommended after at least 6 months of insomnia complaints, at least 4 nights a week, unresponsive to behavior, intervention, and sedative sleep-promoting medication, and after psychiatric etiology has been excluded." In this case, although progress report indicates issues with the patient's sleep, the treating physician does not discuss behavioral interventions, medication trial, and psychiatric etiology. As required by ODG, there are no documentation of excessive daytime somnolence, intellectual deterioration, personality change, etc. The requested PAP-NAP sleep study is not medically necessary.