

<b>Case Number:</b>	CM14-0203058		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	06/02/2003
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Rehab 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 injured worker is a 48-year-old male who reported an injury on 06/03/2002. The mechanism of injury was unspecified. His diagnoses include failed back syndrome, lumbar radiculopathy, and fibromyalgia/myositis. His past treatments include a spinal cord stimulator, surgery, and medications. Pertinent diagnostics and surgical history were not provided for review. On 10/30/2014, the injured worker complained of back pain rated 7/10. The physical examination of the lumbar spine revealed a positive straight leg raise on the left. Range of motion with anterior flexion was noted to be 50 degrees and extension of lumbar was noted to be 10 degrees. The injured worker's motor strength and deep tendon reflexes were within normal limits; however, sensation was noted to be decreased at the L2-3 and L4-5 dermatomes. The injured worker was also indicated to have palpable twitch positive trigger points noted in the lumbar paraspinal muscles. The documentation indicated insomnia and an increase in pain since the trial was discontinued. The treatment plan included a CPAP titration study. A clear rationale was not provided. A Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPAP Titration 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)- TWC Pain Procedure Summary <http://www.cms.hhs.gov/manuals/pub06pdf/pub06pdf.asp>

**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: The Official Disability Guidelines do not address CPAP titration study. American Academy of Sleep Medicine. (2014). CPAP Titration Study - Overview. Retrieved from <http://www.sleepeducation.com/treatment-therapy/cpap-titration-study/overview>.

**Decision rationale:** The request for CPAP titration study is not medically necessary. According to the American Academy of Sleep Medicine, a CPAP titration study is a type of in lab sleep study used to calibrate continuous positive airway pressure. It is a common treatment used to manage sleep related breathing disorders to include obstructive sleep apnea, central sleep apnea and hypoventilation, and hypoxemia. The guidelines also further indicate that CPAP titration studies may occur after a physician reviews the results of an in lab sleep study before proceeding to a CPAP titration study. The injured worker is indicated to have chronic low back pain and left lower extremity pain. However, there was a lack of documentation to indicate the injured worker had been diagnosed with obstructive sleep apnea, central sleep apnea, hypoventilation, or hypoxemia. In the absence of the required diagnoses before starting CPAP studies, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.