

Case Number:	CM14-0206164		
Date Assigned:	12/18/2014	Date of Injury:	09/06/2011
Decision Date:	02/12/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehabilitation 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 32 year old male with date of injury 09/07/11 due to a severe automobile accident. The treating physician report dated 09/03/14 indicates that the patient presents with pain affecting the left shoulder and arm, lower back, bilateral knee, as well as morning headaches, loss of memory, depression, and insomnia. (27) The physical examination findings reveal tenderness to palpation with positive Tinel's to upper extremity. Prior treatment history includes medications. EMG/NCS were within normal limits (7). A polysomnogram without a CPAP performed 08/2014 showed severe obstructive sleep apnea with AHI of 30. The current diagnoses are: 1. Headaches 2. Memory Difficulty 3. Obese 4. Status Post Appendectomy (01/24/14) 5. Left Radial Nerve Damage 6. Severe OSA (08/15/14 PSG AHI 30) The utilization review report dated 11/19/14 denied the request for Repeat polysomnogram with CPAP titration based on the reviewer stated that the patient had already had the test done with the CPAP titration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat polysomnogram with CPAP titration: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Polysomnograms.

Decision rationale: The patient presents with pain affecting the left shoulder and arm, lower back, bilateral knee, as well as morning headaches, loss of memory, depression, and insomnia. The current request is for Repeat polysomnogram with Continuous positive airway pressure therapy (CPAP) titration. The treating physician who performed the first sleep study stated, "CPAP was not initiated due to the patient's lack of obstructive during baseline and the lack of deep sleep." The treating physician states, "Morning headaches, memory worse this year, has missed appointments, burnt pots according to his mother. Nervousness. Snores, very irritable. Insomnia." (33) MTUS guidelines do not address polysomnograms. The Official Disability Guidelines (ODG) state, "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; and (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." In this case, the treating physician has documented that the patient is having morning headaches (did not document if other causes have been ruled out), intellectual deterioration (memory loss), personality changes (nervousness, irritable), sleep-related breathing disorder, and the patient has complained of insomnia since at least 05/28/14. However, it was not document if the patient was having excessive daytime somnolence. From the medical records, the injured worker qualifies for CPAP. There is no requirement that CPAP be initiated with polysomnography. Although CPAP is usually trialed during the sleep study, this is not a requirement. Unless there are extenuating reasons, CPAP may be started without polysomnography and patient response monitored symptomatically. The medical necessity has not been established; therefore, this request is not medically necessary.