

Case Number:	CM14-0207682		
Date Assigned:	12/19/2014	Date of Injury:	09/06/2011
Decision Date:	02/24/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/11/2014

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: Dentist

CLINICAL CASE SUMMARY

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

Records reviewed indicate that this is a 32 year old female patient with a date of injury on 09/06/2011, when she was moving boxes from one classroom to another. Per [REDACTED] report this industrial injury has resulted in a chronic habit of teeth grinding/jaw clenching (bruxism) as a response to the chronic orthopedic pain and patient also displays dry mouth/xerostomia from the side effect of industrial medications that have been prescribed to her. Patient also states that she has gained 40lbs since her injury and she snores. She states that she wakes up with facial pain and headaches. The primary treating physician has reviewed the polysomnography and has determined that the patient requires treatment for their nocturnal obstructions of the airway. [REDACTED] MD report dated 12/30/13 has diagnosed this patient with Insomnia (unspecified) 11/06/14 Report of [REDACTED] DDS - Patient has undergone objective diagnostic polysomnographic respiratory studies, where it has been determined that the patient does indeed have nocturnal obstructions of the airway, It was objectively documented that she had 1 episode of Obstructive Apnea, 6 episodes of Obstructive Hypopnea, and an Apnea / Hypopnea Index of 2 episodes of major obstruction of airflow occurring every hour. Due to the obstructions of airflow during sleep she also exhibited resultant mild oxygen desaturation of her blood, which does not allow the proper amounts of oxygen to access the brain and vital organs. She was also objectively documented to have obstructions of airflow causing snoring. 10/31/14 UR dentist report, the provider had a PSG performed on the claimant. Claimant's AHI was 2 episodes per hour. Copy of the PSG report was not provided. The American Academy of sleep medicine defines mild OSA as an AHI of 5-

15. Therefore based on the information provided, this claimants snoring and nocturnal obstructions do not even qualify as mild OSA and there is also no documentation of any functional problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treatment of obstructive airway with oral appliance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Academy of Sleep Medicine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Reference: Obstructive Sleep Apnea Differential Diagnoses. Author: Ralph Downey III, PhD; Chief Editor: Zab Mosenifar, MD and Curr Treat Options Neurol. 2014 Aug;16(8):305. doi: 10.1007/s11940-014-0305-6. Advances in the treatment of obstructive sleep apnea. Young D1, Collop N. PMID:24957654.

Decision rationale: There are insufficient documentation and records available to justify the need for this treatment of obstructive airway with oral appliance. Treating physician mentions an overnight polysomnography test, but the actual report from this study is not provided. There is also insufficient documentation on failed conservative attempts, if any (ex: positional therapy and/or weight loss). Per reference mentioned above, "for patients with mild OSA, other treatments may be considered including positional therapy, weight loss, or oral appliances." This request is not medically necessary at this time.