

Case Number:	CM14-0209228		
Date Assigned:	12/22/2014	Date of Injury:	05/11/2010
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 include 108 pages of medical and administrative records. The injured worker is a 45 year old male whose date of injury is 05/11/2010, when he sustained an electrical injury and burns. He was diagnosed with severe obstructive sleep apnea in 2011 and was provided a CPAP. Other diagnoses are status post severe electrocution with extensive body burns, erectile dysfunction, middle ear trauma, posttraumatic hearing loss, traumatic brain injury, right shoulder tear, depression, lower back pain, and right lower extremity radiculopathy. He was treated with physical therapy, arthroscopic rotator cuff repair, pain medications, and skin grafts. He suffered from musculoskeletal pain, insomnia, depression, headaches, disequilibrium, vertigo, nightmares, and poor memory. On 11/19/14 in a neurology follow up the patient reported increased anxiety due to no follow up with [REDACTED] and no psych medications. The Cialis was working "a little", and he continued to use the CPAP. He was having a significant number of breakthrough apneic episodes. Medications included Oxycodone, Percocet, and Cialis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP Supplies with Wisp Mask: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Nasal CPAP, Medlineplus

Decision rationale: The patient was diagnosed with obstructive sleep apnea in 2011 and was provided with a CPAP machine. There is no rationale behind the request for supplies and the mask, e.g. what type of supplies are being requested, why does he require an additional mask, etc. Until these issues are clarified this request is noncertified. CA-MTUS 2009, ACOEM, and ODG are all silent regarding CPAP and obstructive sleep apnea. Nasal CPAP stands for "continuous positive airway pressure." CPAP pumps air under pressure into the airway, keeping the windpipe open during sleep. The forced air delivered by CPAP prevents episodes of airway collapse that block the breathing in persons with obstructive sleep apnea and other breathing problems. It is sometimes called nasal continuous positive airflow pressure (nCPAP).

Follow-Up with Psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 (Independent Medical Examinations and Consultations) page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: The patient is described as suffering from depression, insomnia, and increased anxiety due to no follow up with [REDACTED], a psychiatrist, and no psychotropic medications. No rationale was provided to explain the thinking behind the request for psychiatric follow up. It is unclear if and when he saw [REDACTED], and if he had at any point been on psychotropic medications. His psychiatric symptoms are not well elucidated, from what information that was provided his symptoms do not appear to be severe in nature. Until these issues are clarified this request is noncertified. CA-MTUS 2009 does not address psychiatric follow up. ACOEM Stress related conditions, page 398 states that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Some mental illnesses are chronic conditions, so establishing a good working relationship with the patient may facilitate a referral or the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other nonpsychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy.

