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| Case Number: | CM14-0026753 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 06/08/2009 |
| Decision Date: | 01/31/2015 | UR Denial Date: | 02/18/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

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, 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:

The patient is a 48-year-old male with a date of injury of 06/09/2009. According to progress report dated 12/02/2013, the patient complains of sleep apnea, non-restorative sleep and sleep paralysis. It was noted that this is an evaluation for diagnostic purposes only, and a complete and accurate history of the patient is deferred to patient's PTP. Patient's chief complaints are musculoskeletal orthopedic injury to the lower back and internal medical issues. It was noted the patient is taking the medications Vicodin, naproxen, and Ambien. He is currently using a CPAP. Patient's Epworth Sleepiness Scale was rated as 5/24. Patient complains of excessive daytime somnolence when he is sitting quietly in public places, lying down to rest, sitting quietly after lunch without alcohol. Physical examination revealed blood pressure 118/70, height is 5 feet 9 inches, weight is 250 pounds, body mass index is 36.91, and pulse is 58 bpm. The listed diagnoses are: 1. Status post orthopedic/psychological industrial injury. 2. Rule out respiratory and/or pulmonary disease. 3. Rule out chronic airway obstruction. 4. Rule out Cheyne-Stokes respiration and dyspnea. 5. Rule out sleep-disordered breathing. 6. Rule out obstructive sleep apnea. The treating physician states that a "Pulmonary and respiratory diagnostic testing, especially as it relates to SDB, is critical and medically necessary in order to objective measure the patient's respiratory functioning and screen for any signs and symptoms arising out of the industrial injury..." Treatment plan was for pulmonary/respiratory diagnostic testing "to further measure the patient's respiratory functioning and screen for any other respiratory issues due to pulmonary/respiratory abnormalities, including obstructions of the airway and sleep disordered breathing." The utilization review denied the request on 02/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARDIO-RESPIRATORY DIAGNOSTIC TESTING (AUTONOMIC FUNCTION ASSESSMENT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES PULMONARY

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, Polysomnography

Decision rationale: This is a request for cardio respiratory diagnostic testing (autonomic function assessment). The utilization review denied the request stating that "there is insufficient information to associate or establish the medical necessity or rationale for the request." ACOEM topics and MTUS Chronic pain guidelines do not discuss polysomnogram/sleep studies; therefore, ODG guidelines are consulted. The ODG Guidelines under the 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." Polysomnogram/sleep studies are recommended for the combination of indications including: excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change, sleep-related breathing or periodic limb movement disorder, insomnia complaints for at least 6 months and unresponsive to behavior intervention, medication trial, and psychiatric etiology. The treating physician performed a cardiopulmonary testing on 12/2/13, which documented low HR and ALL ANS parameters within normal ranges. The patient had low parasympathetic response to DB suggesting possible autonomic dysfunction and low sympathetic response to Valsalva suggesting possible autonomic dysfunction. The treating physician states that "due to the patient's moderate abnormal cardio-respiratory testing with autonomic co-morbidities, a formal request for further pulmonary/respiratory diagnostic testing in my area of expertise is hereby made in order to further measure the patient's respiratory functioning and screen for any other respiratory issues..." In this case, the treating physician is requesting a repeat test for "further" measuring the patient's respiratory functioning. The patient has already been provided with a pulmonary/respiratory diagnostic testing and a repeat testing is not medically necessary.