MAXIMUS Federal Services

Case Number:	CM14-0217785		
Date Assigned:	01/07/2015	Date of Injury:	04/27/2014
Decision Date:	04/14/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/29/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 65 year old male, who sustained an industrial injury on 4/27/14. He has reported injury to right shoulder after he felt a popping sensation with pain working as a butcher. The diagnoses have included chronic pain, cervical/lumbar spine strain/sprain, insomnia and obstructive sleep apnea. Treatment to date has included medications, diagnostics, acupuncture, chiropractic and physical therapy. Currently, as per the physician progress note dated 11/11/14, the injured worker had completed a sleep study. He was diagnosed with mild obstructive sleep hypopnea with moderate exacerbation in REM sleep, moderate oxygen desaturations, significant sleep maintenance insomnia, shortened latency to sleep onset, sub optimal slow wave in REM sleep, and periodic limb movements and sleep. It was noted that the injured workers sleep complaints and clinical symptoms were caused or aggravated on an industrial basis. The treatment plan was sleep hygiene education, cognitive behavioral therapy, optimize therapy for depression, anxiety and pain if necessary, sleep diary for two weeks, and actigraphy monitoring.

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, Pain Chapter, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Polysomnography and Other Medical Treatment Guidelines http://www.sleepeducation.com/treatment-therapy/cpap-titration-study/overview.

Decision rationale: Pursuant to the Official Disability Guidelines and the evidence-based guidelines, CPAP titration study is not medically necessary. Polysomnography is recommended after at least six months of an insomnia complaint, unresponsive to behavior intervention and sedative sleep promoting medications and psychiatric etiologies have been excluded. See the guidelines for details. A CPAP titration study is a type of in the lab sleep study used to calibrate continuous positive airway pressure therapy. CPAP is a common treatment used to manage sleep-related disorders including obstructive sleep apnea, central sleep apnea, hypoventilation and hypoxemia. See guideline link for additional details. The documentation medical record, pursuant to a qualified medical examination (QME), dated January 6, 2015 provides a review of the medical record. The injured worker's working diagnoses are multilevel cervical spondylosis, right shoulder impingement syndrome, tear long head biceps, tear supraspinatus tendon and subscapularis tendon; left shoulder impingement syndrome; osteoarthritis right hand; osteoarthritis left hand; carpal tunnel syndrome right and left wrist; lumbar spine spondylosis; and right knee chondromalacia. There is no history of obstructive sleep apnea or sleep abnormalities noted in the record. There is no documentation medical record of any sleep disorders difficulty with sleep. There is no clinical documentation or clinical indication/rationale in the medical record to support a sleep disorder in the injured worker. The patient was referred for sleep study that was not clinically indicated and not medically necessary. An evaluation performed by [redacted] reported the presence of a possible sleep disorder, possible sleep disordered breathing and insomnia as a result of chronic pain. There was no causal relationship between the sustained injuries and any type of sleep disorder documented in the medical record. There is no clinical indication for CPAP titration study based on the injuries sustained. There were no diagnoses related to insomnia or mild obstructive sleep apnea and there were no symptoms or signs of insomnia or mild productive sleep apnea in the medical record. There were no physical findings on examination indicating a sleep disorder. The guidelines recommend a sleep study to rule out obstructive sleep apnea. There are no documented objective clinical findings of a sleep disorder and there was no attempt at any form of sleep hygiene alterations. A sleep study is indicated when there is an insomnia complaint for at least six months, unresponsive to behavior intervention and sedative/sleep promoting medications and psychiatric etiologies have been excluded. A sleep study for the sole complaint of snoring is not recommended. There was no demonstrated medical necessity for a sleep study. Consequently, absent clinical documentation to support insomnia or sleep difficulties and the diagnoses in addition to signs and symptoms, a sleep study is not recommended and consequently a CPAP titration study is not clinically indicated or medically necessary.