

Case Number:	CM14-0078041		
Date Assigned:	07/18/2014	Date of Injury:	05/09/2003
Decision Date:	01/29/2015	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/28/2014

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 Internal Medicine, 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 an injured worker with a history of low back injury on May 9, 2003. Mechanism of injury was lifting a heavy sheet of metal. The qualified medical examiner report dated January 24, 2013 documented that the patient has a sleep disorder, and it has been diagnosed as obstructive sleep apnea. It has been repeatedly evaluated and treated by a pulmonologist. It appears that the pulmonologist has allowed the patient to get control of his sleep apnea syndromes and that the patient sleeps well enough. The deposition on October 7, 2009 indicated that the patient needed CPAP continuous positive airway pressure. The patient's medical history included low back pain, hypertension, and hyperlipidemia. The patient had lumbar laminectomies at L2 and L3 on November 21, 2011. The patient has a history of posterolateral fusion with pedicle screw fixation and laminectomy at L4-L5, bilateral laminectomy at L3-L4 and chronic low back pain with bilateral lower extremity radicular symptoms. The pulmonary progress report dated April 14, 2014 documented the prescription of Azithromycin for acute bronchitis. The pulmonary progress report dated May 5, 2014 documented that breathing is improved. Sleep apnea and asthma was documented. The patient has a history of hypersomnia. The symptoms began five years ago. The symptoms are improved. The patient reports improvement in apnea and irregular nighttime breathing and previously reported symptoms since the last visit. The patient uses CPAP continuous positive airway pressure six hours per night. The patient denies awakening with choking, headache, heartburn, insomnia, non-restorative sleep, poor or worsening memory, snoring, weight gain and witnessed apnea or irregular nighttime breathing. He has lost thirty pounds since starting CPAP continuous positive airway pressure therapy. Physical examination was documented. Weight was 186 pounds. Blood pressure was 120/73. Pulse of 81. Oxygen saturation was 98%. Constitutional findings were normal. The patient was well developed. The patient was oriented to time, place, person and situation.

Appropriate mood and affect was noted. Neck examination findings were normal. Respiratory examination findings were normal. Auscultation was normal. Respiratory effort was normal. No edema was noted. Cardiovascular examination findings were normal. Regular rate and rhythm was noted. No murmurs, gallops, or rubs were noted. Assessment was documented. The patient has a history of hypersomnia with sleep apnea. The patient has severe obstructive sleep apnea with oxygen desaturation and weight loss of thirty pounds in the past five years. He would like to know if he still has sleep apnea. A split night sleep study to determine the severity of his sleep disordered breathing and the optimal PAP positive airway pressure setting was requested. Nocturnal polysomnography was requested. Pulse oximetry and measurement of blood oxygen level was performed. Asthma is controlled. Acute bronchitis was resolved with Azithromycin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Split Night Sleep Study: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of Clinical Sleep Medicine. Clinical guideline for the evaluation, management and long-term care of obstructive sleep apnea in adults. Epstein LJ, Kristo D, Strollo PJ Jr, Friedman N, Malhotra A, Patil SP, Ramar K, Rogers R, Schwab RJ, Weaver EM, Weinstein MD, Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine. J Clin Sleep Med. 2009 Jun 15;5(3):263-76. PMID: 19960649 <http://www.aasmnet.org/Resources/ClinicalGuidelines>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address polysomnography. The American Academy of Sleep Medicine clinical guideline for obstructive sleep apnea (2009) states that follow-up polysomnography (PSG) is routinely indicated in obstructive sleep apnea (OSA) patients for the assessment of treatment results on continuous positive airway pressure (CPAP) after substantial weight loss, substantial weight gain with return of symptoms, when clinical response is insufficient, or symptoms return despite a good initial response to CPAP. The medical records document a diagnosis of obstructive sleep apnea managed with CPAP continuous positive airway pressure. The pulmonary progress report dated May 5, 2014 documented that breathing is improved. Sleep apnea and hypersomnia were documented. The symptoms began five years ago. The symptoms are improved. The patient reports improvement in apnea and previously reported symptoms since the last visit. The patient uses CPAP continuous positive airway pressure six hours per night. He has lost thirty pounds since starting CPAP continuous positive airway pressure therapy. The patient has severe obstructive sleep apnea with oxygen desaturation and weight loss of thirty pounds in the past five years. He would like to know if he still has sleep apnea. A split night sleep study to determine the severity of his sleep disordered breathing and the optimal PAP positive airway pressure setting was requested. Nocturnal polysomnography was requested. The American Academy of Sleep Medicine clinical guideline states that follow-up polysomnography (PSG) is routinely

indicated in obstructive sleep apnea (OSA) patients for the assessment of treatment results on continuous positive airway pressure (CPAP) after substantial weight loss. Because medical records document weight loss, the request for follow-up polysomnography is supported by the American Academy of Sleep Medicine clinical guideline. Therefore, the request for Split Night Sleep Study is medically necessary.

Pulse Oximetry measure blood oxygen level: Overturned

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 American Association for Respiratory Care (AARC), AARC clinical practice guideline: transcutaneous monitoring of carbon dioxide and oxygen: 2012. Restrepo RD, Hirst KR, Wittnebel L, Wettstein R. AARC clinical practice guideline: transcutaneous monitoring of carbon dioxide and oxygen: 2012. *Respir Care*. 2012 Nov;57(11):1955-62. PMID: 23107301 <http://rc.rcjournal.com/content/57/11/1955.full.pdf>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address pulse oximetry. American Association for Respiratory Care (AARC) clinical practice guideline (2012) presents recommendations for transcutaneous monitoring of oxygen. The use of transcutaneous monitoring is indicated in patients who have the need for continuous monitoring of oxygen. Transcutaneous monitoring allows the assessment of the adequacy of oxygenation and ventilation. Transcutaneous monitoring allows the assessment of response to diagnostic and therapeutic interventions. The medical records document a diagnosis of obstructive sleep apnea managed with CPAP continuous positive airway pressure. The pulmonary progress report dated May 5, 2014 documented that the patient uses CPAP continuous positive airway pressure six hours per night. The patient has severe obstructive sleep apnea with oxygen desaturation. American Association for Respiratory Care (AARC) clinical practice guideline (2012) indicates that transcutaneous monitoring allows the assessment of the adequacy of oxygenation and ventilation and the response to therapeutic interventions. Because the patient has a history of obstructive sleep apnea and oxygen desaturation managed with CPAP, the request for pulse oximetry is supported by AARC guidelines. Therefore, the request for Pulse Oximetry measure blood oxygen level is medically necessary.

Azithromycin 250mg (Dose, Frequency and Duration not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Infectious Diseases

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Infectious Diseases, Azithromycin (Zithromax)

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Azithromycin. Official Disability Guidelines (ODG) indicates that Azithromycin (Zithromax) is

recommended as treatment for chronic bronchitis and other conditions. Guidelines increasingly recommend that certain antibiotics, particularly the macrolide azithromycin, no longer be used to treat many common infections. The pulmonary progress report dated April 14, 2014 documented the prescription of Azithromycin for acute bronchitis. The pulmonary progress report dated May 5, 2014 documented that acute bronchitis was resolved with Azithromycin. Breathing was improved. Asthma was controlled. Oxygen saturation was 98%. Respiratory examination findings were normal. Auscultation was normal. Respiratory effort was normal. Because the acute bronchitis was resolved with the previous course of Azithromycin, the request for an additional course of Azithromycin is not supported by the medical records. Therefore, the request for Azithromycin 250mg (Dose, Frequency and Duration not specified) is not medically necessary.