

Case Number:	CM15-0101520		
Date Assigned:	06/04/2015	Date of Injury:	12/11/2001
Decision Date:	07/09/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46-year-old female, who sustained an industrial injury on 12/11/2011. According to a progress report dated 03/10/2015, the injured worker reported unchanged sleep quality. She slept 3-4 hours per night. She reported irritable bowel syndrome, constipation, abdominal cramping and gastroesophageal reflux disease. Diagnoses included gastroesophageal reflux disease secondary to nonsteroidal anti-inflammatory drugs, irritable bowel syndrome constipation type, hemorrhoids secondary to constipation, obstructive sleep apnea (on CPAP) uncontrolled, Helicobacter Pylori resolved, chronic gastritis, hiatal hernia and Barrett's esophagitis per esophagogastroduodenoscopy and morbid obesity. Recommendations included CPAP titration to rule out obstructive sleep apnea. Medications included Dexilant, Ranitidine, Gaviscon, Carafate and Probiotics. The injured worker was instructed to adhere to a course of sleep hygiene, follow up with her private medical doctor and to increase fluid intake. Currently under review is the request for continuous positive airway pressure (CPAP) titration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous positive airway pressure (CPAP) titration: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 491-492.

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.

Decision rationale: This claimant was injured back in 1998. The claimant is post cervical fusion. There is no mention of sleep issues, or the basis for a Continuous Positive Airway Pressure [CPAP] titration is done in sleep study laboratories, where the device can be adjusted under monitored conditions. The MTUS is silent on sleep studies. The ODG notes regarding sleep studies that they are recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. The claimant meets none of these criteria. Further In-lab polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence. This criterion is not met. (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); This criterion is not met. (3) Morning headache (other causes have been ruled out); this criterion is not met. (4) Intellectual deterioration (sudden, without suspicion of organic dementia); This criterion is not met. (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); this criterion also is not met. (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. Again, this criterion is not met. Therefore, the request was appropriately non-certified under the evidence- based criteria. The request is not medically necessary.