

<b>Case Number:</b>	CM15-0102121		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 77 year old female, who sustained an industrial injury on March 7, 2013. The injured worker was diagnosed as having chronic cough, reactive airway disease (RAD), and obstructive sleep apnea (OSA). Treatment to date has included medication. Currently, the injured worker complains of a cough and sleep apnea, with dyspnea on exertion, and insomnia. The Treating Physician's report dated April 8, 2015, noted the injured worker reported difficulty maintaining sleep. Physical examination was noted to show Mallampatti II, Malocclusion III, micrognathia, reatrogathia and maxillary deficiency. The injured worker's respiratory status was noted to be normal with oxygen saturation of 95%. The treatment plan was noted to include a request for authorization for a diagnostic sleep study, and the current active medications including Atrovent nasal spray, Fluticasone nasal spray, Gabapentin, Loratadine, Multivitamin, Prilosec, ProAir inhaler, Synthroid, and Tessalon Perles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic Sleep Study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Obstructive Sleep Apnea, American Family Physician.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To -Date guidelines, sleep study.

**Decision rationale:** The ACOEM, ODG and California MTUS do not specifically address the requested services. The up-to date guidelines states diagnostic sleep studies are indicated in the evaluation of suspected sleep apnea. This patient has an elevated BMI but the review of symptoms is completely negative for classic sleep apnea symptoms. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.