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| Case Number: | CM15-0105989 | | |
| Date Assigned: | 06/10/2015 | Date of Injury: | 05/17/2008 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 04/30/2015 |
| Priority: | Standard | Application Received: | 06/02/2015 |

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 male patient who sustained an industrial injury on 05/17/2008. The accident was described as while working duties as a laborer he was struck on the job site by a drunk driver and dragged 30 feet. A consulting visit dated 04/08/2015 reported the patient with subjective complaint of having some residual low back pain and discomfort in the right shoulder with loss of function of the right arm. He also talked about an amputation of the right arm. He has been participating in physical therapy treating neck and low back issues and feels this is helpful. He uses a cane to ambulate and continues with atrophy of the right lower extremity and there is a positive straight leg raise on the right. There is a positive Spurling's with extension and rotation on the right, and there is decreased mobility and somewhat of a dead arm on the right secondary to brachial plexopathy. The following diagnoses are applied: lumbar disk herniation at L4-5 with right leg radiculopathy, and brachial plexopathy in the right upper extremity with substantial paresis. He is to continue with physical therapy session, home exercises, and follow up visit. A supplemental report dated 01/03/2014 gave a diagnostic impression of obstructive sleep apnea OSA, REM sleep predominant, moderate from prior diagnosis; resolution of OSA with nasal CPAP; sleep onset insomnia, moderate; excessive daytime sleepiness, and pain disorder. On 02/18/2015, the patient underwent psychological testing. A primary treating office visit dated 11/13/2014 reported the following treating diagnoses: severe neuropathic pain right upper extremity; flaccid right upper extremity with evidence of complex regional pain syndrome; cephalgia; cervical strain/sprain; lumbar spine strain/sprain status post lumbar spine surgery, and status post ORIF of right fibula and history of degloving injury right lower leg; status post right ankle fusion with recurrent osteomyelitis; depression and recurrent

nightmares, and chronic insomnia. The patient was administered a right stellate ganglion block cervical injection on 04/17/2014. He is to continue with Norco 10/325.

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) machine x 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), head, sleep aids, <http://www.ncbi.nlm.nih.gov/pubmed/1554212>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, sleep apnea.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG chapter on sleep aids and sleep apnea indicate that CPAP is an established treatment for diagnosed obstructive sleep apnea (OSA). The patient has confirmed OSA and therefore a CPAP machine is medically indicated and the request is medically necessary.