

<b>Case Number:</b>	CM15-0135075		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	12/13/1982
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: California

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 58 year old male, who sustained an industrial injury on December 13, 1982. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbago and cervicgia. Treatment to date has included injection, rest, ice and medication. A Synvisc One viscosupplementation to his knee provided excellent relief for approximately six months. Medications were noted to help relieve his symptomatology and improve his activities of dialing living. On July 3, 2015, the injured worker complained of constant cervical spine pain rated as a 4 on a 1-10 pain scale. He also complained of constant pain in the low back rated as a 6 on a 1-10 pain scale. The treatment plan included medicaitons, follow-up with a knee specialist and physical therapy to the cervical and lumbar spine. He is also noted to be resistant to CPAP for treatment of complex OSA and is symptomatic with daytime somnolece and night awakenings caused by his snoring. On June 25, 2015, Utilization Review non-certified the request for one ASV (adaptive servoventilation) (95811 polysomnography w/CPAP), citing Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 ASV (adaptive servoventilation) (95811-polysomnography W/CPAP):** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 7695 and version 33.0.

**Decision rationale:** CPAP is the primary treatment for OSA because it is the simplest and has the most clinical experience. It utilizes a device that maintains constant positive airway pressure during respiration and maintains the airway passages patent for respiration. ASV or adaptive servoventilation is an alternative treatment and utilizes varying amounts of inspiratory pressure superimposed on a low level of CPAP and is helpful in patients who have treatment emergent central apnea when treated with CPAP .It is also useful with patients with sleep disordered breathing secondary to CHF. However, it should not be used if the EF is less than 45%. This patient has complex sleep apnea and is unable to tolerate the CPAP in his treatment. He has daytime somnolence and sleeping and is awakened by his snoring. It is necessary to seek a treatment that he can tolerate. Therefore, it is in the patient's best interest to try the alternative treatment of ASV. Therefore, the UR decision is reversed.