

Case Number:	CM15-0140921		
Date Assigned:	07/30/2015	Date of Injury:	01/10/2010
Decision Date:	08/27/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/20/2015

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 44 year old female, who sustained an industrial injury on January 10, 2010. The injured worker was diagnosed as having a ruptured spleen, contusions and spinal injuries. Treatment to date has included medication, CPAP machine, toxicology screen, radiofrequency ablation, x-rays, MRI, CT scan, transforaminal epidural steroid injections, facet injection, physical therapy, chiropractic care, psychotherapy and home exercise program. Currently, the injured worker complains of low back pain rated at 1 on 10 with medication and 7 on 10 without medication. She also reports sleep disturbance. The injured worker is currently diagnosed with cervical and lumbar disc displacement, neck and thoracic region sprains, polyuria and severe sleep apnea. She is currently permanent and stationary. A progress note dated January 14, 2015; states the injured worker experienced efficacy from psychotherapy, home exercises, epidural steroid injections and facet joint injection. A progress note dated June 3, 2015; states the injured worker is unable to use her current CPAP machine due to getting out of bed numerous times throughout the night. A progress note dated April 8, 2015; states the injured worker is diagnosed with severe sleep apnea. She is therefore, requesting an airing micro CPAP with micro blowers device, which is a portable device and does not require hoses and cords. The following laboratory tests, BUN, creatinine and hepatic function panel (due June 7, 2015) are requested to monitor for adverse effects from medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Airing micro CPAP with micro blowers device QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health, CPAP treatments.

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

Decision rationale: The ACOEM, ODG and the California MTUS do not specifically address the requested service as prescribed. The up-to date medical guideline state that CPAP is an accepted treatment for diagnosed sleep apnea. The records however show the patient does have sleep apnea but the need for a new machine and this specific machine is not established. Therefore the request is not medically necessary.

BUN/Creatine and Hepatic function panel due date 6/17/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health, BUN-blood test.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, hepatic function testing.

Decision rationale: The California MTUS, ACOEM and the ODG do not specifically address the requested services. Per the Up to Date Guidelines, the following lab tests are indicated for specific conditions. Hepatic function tests are indicated in the evaluation of potential liver disorders and chronic medication side effects for medications that are processed through the liver. The medical records show none of these indications for this lab tests and therefore the request is not medically necessary.