

<b>Case Number:</b>	CM15-0160811		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/01/2008
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 50 year old female who sustained an injury on 5-1-08. The initial symptoms and complaints from the injury are not included in the medical reports. The medical examination on 12-16-14 reports the IW has severe pain in muscles and joints; swelling in hands, knees, elbow and feet and occurs during the night with sleep disruption. She snores at night but has no noted cessation of breathing during the night. Diagnostic tests include ultrasound of the bilateral elbows, hands, knees and feet on 12-16-14; EMG and nerve conduction studies bilateral upper extremities; and MRI scan cervical spine 11-25-13. Prior medications included Hydrocodone which was switched to Tramadol with Nortriptyline and Orenzia injections for the previous three months. Treatment has included cervical spine surgery in July 2014 which lessened the severity of pain in her neck; physical therapy followed that surgery; epidural injections in her cervical spine in September 2013 that caused her right arm to become numb. The IW is currently working full time with restricted activities. The sleep questionnaire revealed the quality of her sleep was very poor and requires 31 to 60 minutes to fall asleep and typically awakens 3-4 times each night; feels fatigued during the daytime; takes nonprescription sleep aids. The Epworth Sleepiness Scale reports the IW has a poor sleep pattern which is partly due to obstructive sleep apnea; and not unexpected that she has a significant sleep and arousal disorder. It was recommended that the IW be examined with a polysomnogram to evaluate the presence of obstructive sleep apnea. Another Epworth Sleepiness Scale report dated 2-23-15 results show total score is 21. The PR2 dated 6-16-15 documents sleep disorder; reschedule nerve conduction test and a sleep study. Current requested treatments CPAP for purchase.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CPAP for purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Brown LK, et al. Initiation of positive airway pressure therapy for obstructive sleep apnea in adults. Topic 7677, version 19.0. UpToDate, accessed 09/25/2015. Weaver T, et al. Adherence with continuous positive airway pressure (CPAP). Topic 7702, version 18.0. UpToDate, accessed 09/25/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue. Obstructive sleep apnea is a condition that results in people not breathing enough or even stopping breathing while they are asleep. Treatment with positive airway pressure, either continuously (CPAP) or bi-level (BiPAP), while asleep is often helpful and is the main treatment. However, this therapy is not always tolerated well. Left untreated, obstructive sleep apnea can result in serious complications over time. Managing the side effects of CPAP therapy and behavioral therapy can be helpful in maintaining adherence with this treatment. The submitted and reviewed documentation indicated the worker was experiencing neck and joint pain, unspecified sore muscles, right arm numbness with hand locking, problems sleeping, and anxious moods. There was no suggestion the worker suffered from obstructive sleep apnea or discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for the purchase of a continuous positive airway pressure (CPAP) unit is not medically necessary.