

<b>Case Number:</b>	CM15-0163789		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old man sustained an industrial injury on 7-25-2013. The mechanism of injury is not detailed. Diagnoses include probable lumbar spondylosis, probable cervical spondylosis, peripheral neuropathy, peripheral vascular disease, signs of sensory deficits. Treatment has included oral medications. Physician notes dated 7-6-2015 show complaints of cervical spine pain rated 8 out of 10 with stiffness and radicular pain in the bilateral lower extremities, back and low back pain rated 8 out of 10. Recommendations include CPAP titration and machine, spine consultation, translator for each visit, Cymbalta, Norco, Topamax, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPAP titration and machine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (Acute & Chronic) Chapter, under Noninvasive positive pressure ventilation.

**Decision rationale:** The current request is for CPAP titration and machine. The RFA is dated 07/06/15. Treatment has included oral medications. The patient is TTD. ODG-TWC Guidelines, Pulmonary (Acute & Chronic) Chapter, under Noninvasive positive pressure ventilation (NPPV) Section states, "Recommend as indicated. Of value in resting the respiratory muscles in patients with COPD and ventilatory failure and may be useful as an adjunct in patients with severe COPD as part of a pulmonary rehabilitation program. (Ries, 2007) Of value in acute exacerbations of COPD but not recommended in the stable patient, with or without CO2 retention. In these patients, there is no effect on dyspnea, exercise tolerance, arterial blood gases, respiratory muscle strength, or quality of life." Per report 05/11/15, the patient presents for a follow up for his chronic neck and lower back pain. The patient is taking medications with noted efficacy. Medications include Butrans, Fetzima, Norco and Topamax. Among the list of diagnoses it states "Sleep challenges" poor sleep. The treater states due to the patient's severity of sleep apnea he will undergo CPAP treatment. ODG states that "sleep disorder claims must be supported by formal studies in a sleep laboratory." In this case, although the treater states that the patient has sleep apnea, there is no formal study to confirm this sleep disorder. Without a confirmation of the patient's obstructive sleep apnea, a CPAP machine or treatment would not be indicated. There is no documentation of cataplexy, morning headaches, intellectual deterioration, personality changes and others to warrant a sleep study either. Given the lack of a formal diagnosis, the requested CPAP IS NOT medically necessary.