MAXIMUS Federal Services

Case Number:	CM15-0182616		
Date Assigned:	09/23/2015	Date of Injury:	05/31/2011
Decision Date:	10/29/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/16/2015

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: Preventive Medicine, Occupational 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 55 year old female, who sustained an industrial injury on 5-31-2011. The injured worker was being treated for obstructive sleep apnea, moderate, resolved at CPAP of 10cm-H2O. Treatment to date has included diagnostics. Currently, the injured worker complains of difficulty maintaining sleep. It was documented that she had a previous sleep study and was diagnosed with sleep apnea. Medical history included difficulty maintaining sleep, back-joint problems, menopause, nocturnal hyperhidrosis, and sleep apnea. After overnight sleep study on 7-02-2015, at an optimal CPAP pressure setting of 10cm-H2O, any residual obstructive sleep apnea and snoring was reduced to within normal limits. Work status was total temporary disability. The treatment plan included initial CPAP therapy with pressure setting of 10cm-H2O, non-certified by Utilization Review on 8-25-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initiation of continuous positive airway pressure (CPAP) therapy at 10 cm/H20:
Overturned

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) Pain Chapter/Polysomnography Section and Other Medical Treatment Guidelines National Guideline Clearinghouse, Management of obstructive sleep apnea using auto-titrating positive airway pressure (APAP) and continuous positive airway pressure (CPAP) devices. Accessed at http://www.guideline.gov/content.aspx?id=48269Sleep study, sleep evaluation.

Decision rationale: The MTUS Guidelines do not address the use of sleep evaluation. The ODG recommends the use of polysonogram after at least six months of an insomnia complaint (at least four night a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Other indications include excessive daytime somnolence, cataplexy, morning headache (other causes have been ruled out), intellectual deterioration, personality change, sleep-related breathing disorder or periodic limb movement disorder is suspected. In this case, the injured worker complains of difficulty maintaining sleep. Medical history included difficulty maintaining sleep, back-joint problems, menopause, nocturnal hyperhidrosis, and sleep apnea. Per the available documentation she underwent a sleep study on 6/17/15 that revealed moderate sleep apnea. She then underwent a CPAP titration study on 7/2/15, which again revealed moderate sleep apnea that was resolved with CPAP 10cm/H20. CPAP therapy is warranted in this case. The request for initiation of continuous positive airway pressure (CPAP) therapy at 10 cm/H20 is medically necessary.