

<b>Case Number:</b>	CM15-0187320		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	08/25/1999
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 male, who sustained an industrial injury on 8-25-1999. The injured worker is undergoing treatment for: asthma, allergic rhinitis, benign hypertension, benign prostatic hypertrophy without obstruction or lower urinary tract symptoms, mitral valve disorder, esophageal reflux. On 4-16-15, and 7-28-2015 he was seen in follow up for asthma. He denied nocturnal asthma or gastrointestinal reflux. Physical findings revealed his lungs to be clear, sinuses as non-tender and no nasal discharge, heart rate and rhythm regular. The records do not discuss a current sleep assessment or sleep study. The treatment and diagnostic testing to date has included: medications. Medications have included: nexium, ipratropium-albuterol, Nasacort, zantac, Advair, pulmicort, proventil, singulair, clarinex, patanol, epipen. Current work status: unclear. The request for authorization is for: CPAP titration, 1 time. The UR dated 8-25-2015: non-certified the request for CPAP titration, 1 time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) CPAP (continuous positive airway pressure) titration for obstructive sleep apnea:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Polysomnography; Criteria for Polysomnography.

**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 topic 34.0 ; topic 7677 and version 19.0.

**Decision rationale:** Obstructive sleep apnea is diagnosed by polysomnography and is secondary to increased frequency of obstructive apneic events and hypopneas due to repetitive collapse or narrowing of the upper airways during sleep and results in daytime symptoms such as sleepiness and fatigue. Other symptoms which are often manifest are waking up holding one's breath, gasping, or choking. Often snoring and breathing interruptions are noted by one's partner during sleep. Sequela of sleep apnea are the development of HBP, mood disorders, CAD, CVA, CHF, A fib, and DM. The CPAP machine is the mainstay treatment for this condition. Positive airway pressure or PAP is the mainstay for treatment of OSA. Most patients are given fixed continuous PAP or CPAP. The appropriate amount of CPAP is determined by titration. This is done during sleep and confirms the amount of PAP needed to be prescribed in order to eliminate respiratory events and snoring. The MD is requesting CPAP titration without doing a sleep study to diagnose sleep apnea. A diagnosis must first be established before the CPAP titration is done. Therefore, the UR is justified in its decision and the request is not medically necessary.