

<b>Case Number:</b>	CM15-0189403		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/18/2008
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Emergency 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 67 year old male, who sustained an industrial injury on January 18, 2008. The injured worker was diagnosed as having cervical spine disc bulges, lumbar spine disc rupture, possible right shoulder derangement, probable left shoulder internal derangement, right wrist surgery performed in February 2014, left carpal tunnel syndrome, and right middle finger surgery performed in February of 2014. Treatment and diagnostic studies to date has included above noted procedures, chiropractic therapy, and x-rays to the bilateral hands, bilateral wrists, bilateral shoulder, pelvis, lumbar spine, and cervical spine. In a progress note dated August 05, 2015 the treating chiropractor reports complaints of numbness and tingling to the left hand, loss of bladder control, pain to the neck, low back, bilateral shoulders, bilateral wrists, bilateral hands, and right middle finger. Examination performed on August 05, 2015 was revealing for intact light touch sensation to the left anterior thigh, left ankle, and the left calf. The documentation provided did not indicate any respiratory symptoms or sleep abnormalities. The treating physician requested continuous positive airway pressure (CPAP) re-titration study, but the documentation did not indicate the specific reason for the requested study. On September 02, 2015 the Utilization Review determined the request for continuous positive airway pressure (CPAP) re-titration study to be non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuous positive airway pressure (CPAP) re-titration study: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.sleepeducation.org/treatment-therapy/cpap-titration-study/overview>.

**Decision rationale:** The requested Continuous positive airway pressure (CPAP) re-titration study is not medically necessary. CA MTUS and ODG are silent. <http://www.sleepeducation.org/treatment-therapy/cpap-titration-study/overview> note: A CPAP titration study is a type of in-lab sleep study used to calibrate continuous positive airway pressure (CPAP) therapy. The injured worker has numbness and tingling to the left hand, loss of bladder control, pain to the neck, low back, bilateral shoulders, bilateral wrists, bilateral hands, and right middle finger. Examination performed on August 05, 2015 was revealing for intact light touch sensation to the left anterior thigh, left ankle, and the left calf. The documentation provided did not indicate any respiratory symptoms or sleep abnormalities. The treating physician requested continuous positive airway pressure (CPAP) re-titration study, but the documentation did not indicate the specific reason for the requested study. The criteria noted above not having been met, Continuous positive airway pressure (CPAP) re-titration study is not medically necessary.