

Case Number:	CM15-0190503		
Date Assigned:	10/05/2015	Date of Injury:	08/19/2013
Decision Date:	11/13/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/28/2015

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:

The injured worker is a 35 year old female, who sustained an industrial injury on 08-19-2013. She has reported injury to the neck, bilateral hands, and low back. The diagnoses have included bilateral L5-S1 neural foraminal stenosis secondary to disc height loss and spondylolisthesis; status post anterior lumbar interbody fusion at L5-S1, on 06-13-2013; status post left carpal tunnel release, on 03-26-2015; and sleep difficulties. Treatment to date has included medications, diagnostics, activity modification, physical therapy, lumbar epidural steroid injection, and surgical intervention. Medications have included Tylenol with Codeine, Percocet, Carisoprodol, and Nortriptyline. A progress report from the treating physician, dated 04-01-2015, documented an evaluation with the injured worker. The injured worker reported constant headaches at the base of her head and both temples that are dull and aching; constant neck pain in the back of her neck that is dull and aching, and associated with soreness and stiffness; pain in her bilateral hands and fingers that is dull and aching, and associated with numbness, tingling, and weakness; constant back pain with numbness radiating to her feet; constant bilateral lower extremity pain, associated with numbness and tingling; feeling depressed, worried, and anxious; and difficulty sleeping. Objective findings included depressed mood and affect; slight tenderness noted in the cervical spinous processes; slight to moderate tenderness and spasm noted in the paravertebral, interscapular area, and sternocleidomastoid muscle; she experienced pain on all motion maneuvers; decreased cervical ranges of motion; Phalen's test and Tinel's sign were positive bilaterally; moderate to severe tenderness and spasms noted over the lumbar spinous processes and paraspinal muscles; sacroiliac joints and sciatic notches were moderately to severely tender bilaterally; moderate to severe pain on all motion maneuvers; supine straight

leg raising was positive on the left and the right; lumbar ranges of motion are decreased; and Epworth sleepiness scale and fatigue severity scale results were elevated. The treatment plan has included the request for sleep appliance. The original utilization review, dated 09-22-2015, non-certified the request for sleep appliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep appliance: 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, Sleep Aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Policy Bulletin Number 0004.

Decision rationale: Based on the 4/15/15 progress report provided by the treating physician, this patient presents with constant headaches, neck pain, pain in bilateral hands/fingers, back pain with numbness radiating to the feet, and bilateral lower extremities pain with numbness/tingling. The treater has asked for sleep appliance but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient had a L5-S1 lumbar fusion from 6/13/14 and left carpal tunnel surgery from 3/26/15 per 4/1/15 report. The patient has depression, anxiety, and is obese per 4/1/15 report. The patient's BMI is 32 per report dated 4/1/15. The patient has difficulty sleeping, with a diagnosis of "sleep difficulties. Epworth Sleepiness Scale performed on 4/1/15 was 16, rule out Obstructive Sleep Apnea with a polysomnogram study." The patient's work status temporarily totally disabled and not permanent and stationary per 4/15/15 report. MTUS and ODG do not address sleep devices. Aetna Policy Bulletin Number 0004, Obstructive Sleep Apnea in Adults, states: "Aetna considers unattended (home) sleep studies using any of the following diagnostic techniques medically necessary for members with symptoms suggestive of OSA (see Appendix B for definition of device types), when the home sleep study is used as part of a comprehensive sleep evaluation: 1. Sleep monitoring using a Type II device; or 2. Sleep monitoring using a Type III device, or 3. Sleep monitoring using a Type IV(A) device, measuring airflow and at least 2 other channels and providing measurement of apnea-hypopnea index (AHI); or Sleep monitoring using a device that measures 3 or more channels that include pulse oximetry, actigraphy, and peripheral arterial tone (e.g., Watch-PAT device)." "Note: Sleep studies using devices that do not provide a measurement of apnea-hypopnea index (AHI) and oxygen saturation are considered not medically necessary because they do not provide sufficient information to prescribe treatment. Examples include the Biancamed SleepMinder, SNAP testing with fewer than three channels, and the SleepImage Sleep Quality Screener. Note that the ApneaLink does not meet criteria as a covered type IV device because it does not measure airflow; however, the ApneaLink Plus records 5 channels, including airflow, and meets criteria for a covered sleep study device." The treater does not discuss this request in the reports provided. Utilization review letter dated 9/22/15 denies request due to "no objective findings submitted with this request" and the lack of a sleep consultation. Utilization review letter dated 9/22/15 also cites a progress report dated 9/9/15 which was not included in provided documentation from treater, which includes an unspecified "sleep appliance for rhoncophony" in treatment plan. The request appears to be for a sleep monitoring device. While this patient

does present with difficulty sleeping, Aetna policy bulletin does not approve of any sleep monitoring devices for unattended home use. Therefore, the request is not medically necessary.