

<b>Case Number:</b>	CM15-0192265		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	04/09/2010
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old male, who sustained an industrial injury on 4-09-2010. The injured worker was diagnosed as having cervical radiculopathy, and status post cervical spine surgery x2 (2012 and 2013). Treatment to date has included diagnostics, surgical intervention, and medications. Currently (8-20-2015), the injured worker complains of "no change in his clinical symptoms", noting pain in his neck and low back with radiation to his upper and lower extremities, as well as bilateral knee pain. His sleep pattern was not currently documented. His body mass index was not noted. Objective findings documented only range of motion measurements for the cervical and lumbar spine and bilateral knees. A Preliminary Examination Report (6-13-2014) for nocturnal airway obstructions was submitted, noting polysomnographic sleep study with 272 episodes of obstructive apnea, 85 episodes of obstructive hypopnea, and an apnea-hypopnea index of 67 episodes of major obstruction of airflow occurring every hour. It was recommended that the injured worker be treated with an obstructive airway oral appliance based on his findings. The current treatment plan included a dental evaluation consultation for sleep apnea (for possible molding and fitting of the appropriate mouth piece to be used at nighttime), non-certified by Utilization Review on 9-25-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation for sleep apnea:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work injury in April 2009 when he was involved in motor vehicle accident while standing in the back of the moving camera car. He underwent a multilevel anterior cervical and fusion in July 2012. He was diagnosed with obstructive sleep apnea in June 2014. There had been a 20-pound weight gain and he was clenching and grinding his teeth at night due to pain and stress. When seen, his body mass index was 31.6. There was bilateral trapezius muscle tenderness. He had decreased cervical spine range of motion. Hoffman's testing was positive bilaterally. He was noted to transition positions slowly. He had decreased and painful lumbar spine range of motion. Authorization is being requested for an evaluation for a mouthpiece for treating his sleep apnea. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has obstructive sleep apnea and should be using CPAP or an oral appliance. He also has findings of temporomandibular joint syndrome. Requesting a dental evaluation for an oral appliance to be used as a standalone treatment or in combination with CPAP is medically necessary.