

Case Number:	CM15-0193363		
Date Assigned:	10/07/2015	Date of Injury:	07/08/2013
Decision Date:	11/13/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/01/2015

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, Indiana, New York
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 61 year old female, who sustained an industrial injury on July 8, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having severe obstructive sleep apnea syndrome. Treatment to date has included medications and diagnostic studies. The injured worker complained of pain when she lies down at night. She wakes up during the night and is unable to return to sleep easily. She also wakes up early in the morning, still tired and unable to return to sleep. She reported thoughts that race through her mind when trying to fall asleep and being unable to sleep on her back due to difficulty breathing. On March 20, 2015, a nocturnal polysomnogram showed severe obstructive sleep apnea, soft snoring and difficulty initiating and maintaining sleep as well as arousals. The recommendation was to return to the sleep laboratory for a full night CPAP titration sleep study. On September 21, 2015, utilization review denied a request for continuous positive airway pressure titration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous positive airway pressure titration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

<http://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/guidelines/medical/Medical/Obstructive%20Sleep%20Apnea%20in%20Adults.pdf>.

Decision rationale:

<http://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/guidelines/medical/Medical/Obstructive%20Sleep%20Apnea%20in%20Adults.pdf>. Pursuant to the Aetna clinical policy bulletin, CPAP titration is not medically necessary. The available literature indicates that OSA patients should receive CPAP titration to specify the lowest CPAP level, which abolishes obstructive apneas, hypopneas, respiratory-effort related arousals, and snoring in all sleep positions and sleep stages. On occasion, an additional full-night CPAP titration NPSG may also be required following split-night study if the split-night NPSG did not allow for the abolishment of the vast majority of obstructive respiratory events or prescribed CPAP treatment does not control clinical symptoms. Alternatively, persons diagnosed with portable monitoring may be prescribed an auto-titrating positive airway pressure device (AutoPAP) that does not require attended titration. In this case, the injured worker's working diagnoses are sleep disturbance (deferred to specialist); and other complaints no change since D/C February 4, 2014. Date of injury is July 8, 2013. Request for authorization is September 11, 2015. The medical record contains 23 pages and a single progress note dated February 24, 2015. There is a nocturnal polysomnography report dated March 20, 2015. However, there is no contemporaneous clinical documentation on or about the date of request for authorization (September 11, 2015). The documentation indicates the injured worker was referred to a specialist for the sleep disturbance. There is no clinical documentation from a sleep disturbance specialist. There is no contemporaneous clinical documentation with a clinical discussion, indication or rationale for CPAP titration. Subjectively, the documentation states the injured worker is requesting treatment for sleep disturbance secondary to pain dating back to 1987. Objectively, the injured worker was not re-examined. There is no physical examination of the record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no contemporaneous clinical documentation with a clinical discussion, indication or rationale for CPAP titration and no progress note documentation by a sleep specialist (per the documentation), CPAP titration is not medically necessary.