

Case Number:	CM15-0205687		
Date Assigned:	10/22/2015	Date of Injury:	08/22/2003
Decision Date:	12/07/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/19/2015

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 69 year old male, who sustained an industrial injury on 8-22-03. The injured worker was diagnosed as having chronic shortness of breath; Asthma extrinsic unspecified. Treatment to date has included pulmonary supplies; medications. Currently, the PR-2 notes dated 7-21-15 indicated the injured worker was in the office for his work related issue involving his lungs. The Provider documents "Specifically, he needs a replacement of supplied for his nebulizer Xopenex BID and Pulmicort BID for chronic shortness of breath. He reports no change in his symptoms, stating that he suffers exacerbations approximately twice a year in which he must go on antibiotics and prednisone but he's doing relatively well on this visit." He notes a clinical history of HAD; V-cords scar tissue; hypertension; gastroesophageal reflux; prior surgeries including cataract surgery; left total knee replacement; right elbow surgery; bilateral shoulder surgeries; CAD-stent placement in 8- 2008. On physical examination, the provider documents "Auscultation of the lungs reveals decreased breath sounds, increased expiratory phase and slight expiratory wheezing bilaterally and symmetrically. Heart has regular rate and rhythm; abdomen is soft, no lower extremity edema. Today his COPD assessment test score is 20 over 40 suggesting moderate symptoms. CT scan chest 2009 revealed subtle bibasilar bronchiectasis." The treatment plan includes a replenishment of nebulizer supplies: continue current medications and nocturnal oximetry due to chronic shortness of breath and may be a candidate for nocturnal oxygen. A Comprehensive Report for his pulmonary status dated 8-11-15 was submitted with his medical documentation. A Request for Authorization is dated 10-15-15. A Utilization Review letter is dated 9-18-15 and modified the certification for nocturnal oxygen at bedtime to certify oxygen at 2 liters per nasal cannula at night, 8-10 hours per telephone conversation with the provider's office for clarification of requested services. A request for authorization has been received for Nocturnal oxygen at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nocturnal oxygen at bedtime: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.cigna.com/customer_care/healthcare_professional/coverage_positions/medical/mm_0207_coveragepositioncriteria_oxygen_for_home_use.pdf].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online Version: Medicare C/D Medical Coverage Policy: Oxygen and Oxygen Supplements; Review Date July 15, 2015.

Decision rationale: Both MTUS and ODG are silent on the use of nocturnal oxygen, based on Medicare/Medical Coverage Policy of [REDACTED], the indications for coverage are as follows: A. Pre-authorization by the Plan is required. B. Home oxygen therapy is covered only if ALL of the following conditions are met: Medical Coverage Policy: Oxygen and Oxygen Supplements 2. The treating physician has determined that the member has a severe lung disease or hypoxia related symptoms that might be expected to improve with oxygen therapy. 2. The member's blood gas study meets Group I or Group II criteria stated below. 3. The qualifying blood gas study on room air was obtained under the following conditions: If performed during an inpatient hospital stay, the blood gas must be the one obtained closest to, but no earlier than 2 days prior to the hospital discharge date; or if the blood gas is not performed during an inpatient hospital stay, it must be performed while the member is in a chronic stable state, i.e., not during a period of acute illness or an exacerbation of their underlying disease. 4. Alternative treatment measures have been tried or considered and deemed clinically ineffective. Group I blood gas (oximetry test/arterial blood gas) criteria for members with significant hypoxemia evidenced by any of the following: 1. An arterial PO₂ at or below 55 mm Hg or arterial oxygen saturation at or below 88 percent taken at rest (awake) or 2. An arterial PO₂ at or below 55 mm Hg, or an arterial oxygen saturation at or below 88 percent, taken during sleep for a member who demonstrates an arterial PO₂ at or above 56 mm Hg, or an arterial oxygen saturation at or above 89 percent while awake or 3. A decrease in arterial PO₂ more than 10 mm Hg, or a decrease in arterial oxygen saturation more than 5 percent from baseline saturation, for at least 5 minutes taken during sleep associated with symptoms (e.g., impairment of cognitive processes and [nocturnal restlessness or insomnia]) or signs (e.g., cor pulmonale, "P" pulmonale on EKG, documented pulmonary hypertension and erythrocytosis) reasonably attributable to hypoxemia, or 4. An arterial PO₂ at or below 55 mm Hg or an arterial oxygen saturation at or below 88 percent, taken during exercise for a member who demonstrates an arterial PO₂ at or above 56 mm Hg or an arterial oxygen saturation at or above 89 percent during the day while at rest. In this case, oxygen is provided during exercise if it is documented that the use of oxygen improves the hypoxemia that was demonstrated

during exercise when the member was breathing room air. Medical Coverage Policy: Oxygen and Oxygen Supplements 3 Group II blood gas criteria include: 1. An arterial PO₂ of 56-59 mm Hg or an arterial blood oxygen saturation of 89 percent at rest (awake), during sleep for at least 5 minutes (the 5 minutes does not have to be continuous), or during exercise (as described under Group I criteria) and 2. Any of the following: Dependent edema suggesting congestive heart failure, or Pulmonary hypertension or cor pulmonale, determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram, or "P" pulmonale on EKG (P wave greater than 3 mm in standard leads II, III, or AVF), or Erythrocythemia with a hematocrit greater than 56 percent. Initial coverage for members meeting Group I and Group II criteria is 36 months or physician specified length of need, whichever is shorter. Group III blood gas criteria include: An arterial PO₂ level at or above 60 mm Hg or arterial blood oxygen saturation at or above 90 percent. These are not covered. Cluster Headaches: Effective for services on and after January 4, 2011, oxygen is covered for the treatment of cluster headaches for members enrolled in a clinical trial approved by CMS. In this case, based on his overnight oximetry test performed 8/11/15 his overall desat score was 78. There were no periods of hypoxia beyond 5 minutes and based on the above criteria, he does not qualify for nocturnal oxygen. Therefore, based on the current guidelines and the evidence in this case, the request for nocturnal oxygen at bedtime is not medically necessary.