

Case Number:	CM15-0027646		
Date Assigned:	02/20/2015	Date of Injury:	01/25/2010
Decision Date:	03/31/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/13/2015

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 57 year old female with an industrial injury dated January 25, 2010. The injured worker diagnoses include cephalgia, dizziness, decreased olfaction, left hemihypoesthesia, diabetes mellitus, cervical radiculopathy status post anterior cervical fusion, thoracic radiculopathy, lumbar radiculopathy, bilateral shoulder pain, bilateral knee pain, left foot pain, temporomandibular joint pain, abdominal pain, chest pressure, cognitive problems, emotional distress, sleep disturbance and decreased libido. She has been treated with diagnostic studies, electromyogram, nerve conduction studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 12/03/2014, the injured worker reported increased pain in the right shoulder, cervical and lumbar spine regions with worsened insomnia. Physical exam revealed tenderness in left wrist, distal forearm and thenar region. Documentation noted cranial cervical, bifrontal and bilateral temporomandibular joint tenderness with palpitation. She had decreased concentration and olfaction. Sensation was decreased on the left side of the trigeminal nerve and there was asymmetry of left mouth. Weber's test lateralized to the left. Cranial nerves were within normal limits. The treating physician noted mildly weak bilateral hand grip and foot dorsiflexion, greater on the left. Decreased sensation at the left torso, bilateral outer thighs, legs, plantar surface and upper extremities. The treating physician noted a mild stocking hypoesthesia, mild limp of the left leg, mild swelling of bilateral feet, and shoulder tenderness with limited range of motion. Positive Romberg's test and straight leg test. The treating physician prescribed services for Bilevel positive airway pressure (BiPAP) titration study. Utilization Review determination on February

2, 2015 denied the request for Bilevel positive airway pressure (BiPAP) titration study, citing MTUS, ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bi Pap Titration Study: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/1_99/0004.html

Decision rationale: Pursuant to the Aetna Clinical Policy Bulletin: Obstructive Sleep Apnea in Adults, Bipap titration study is not medically necessary. Aetna considers the diagnosis and treatment of obstructive sleep apnea in adults aged 18 and older medically necessary according to criteria outlined in the Clinical Policy Bulletin. Aetna takes into consideration the diagnosis, co-morbid conditions and treatment modalities. In this case, the injured worker's working diagnoses are dizziness; diabetes mellitus; cervical radiculopathy status post anterior cervical fusion; thoracic radiculopathy with a history of L-Hermittes symptoms; lumbar radiculopathy; abdominal pain; chest pressure; cognitive problems; emotional distress; sleep disturbance; and decreased libido. A review of the medical record indicates a BiPAP machine is indicated when there is an intolerance to a Continuous Positive Airway Pressure machine. The medical record demonstrates that treating/requesting physician has not seen and evaluated the injured worker since September 4, 2013. A request for Bipap-titration was certified in peer-reviewed dated October 3, 2013. There is no documentation in the record regarding BIPAP titration following the previous authorization. The progress note dated December 3, 2013 is not contain any current subjective complaints, objective findings or diagnostic assessment to support the presence of BIPAP titration. Prior to authorizing BIPAP-titration, a detailed and thorough medical history and physical examination with diagnostic imaging results (if applicable) and a review of treatment to date must be obtained. Consequently, absent clinical documentation with a thorough workup since October 3, 2013 (to the present), Bipap titration study is not medically necessary.