

Case Number:	CM15-0220126		
Date Assigned:	11/16/2015	Date of Injury:	12/22/2005
Decision Date:	12/24/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/09/2015

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:

This injured worker is a 53 year old male, who sustained an industrial injury on 12-22-2015. The injured worker was diagnosed as having neck pain and back pain. On medical records dated 06-05-2015 and 07-30-2015, the subjective complaints were noted as neck pain and back pain. Objective findings were noted as cervical region tenderness to palpation was noted. Treatment to date included chiropractic therapy, TENS unit, physical therapy and medication. Current medications were listed as Vicodin, Lidoderm Patch, Omeprazole, Lisinopril and Cialis. The Utilization Review (UR) was dated 10-23-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for CPAP Titration was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP Titration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical guidelines for the manual titration of positive airway pressure in patients with obstructive sleep apnea. Journal of Clinical Sleep Medicine 2008; 4(2): 157-71, Adult obstructive sleep apnoea. Lancet 2014; 383 (9918): 736-47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 7965 and version 34.0.

Decision rationale: Obstructive sleep apnea is diagnosed by polysomnography and is secondary to increased frequency of obstructive apneic events and hypopneas due to repetitive collapse or narrowing of the upper airways during sleep and results in daytime symptoms such as sleepiness and fatigue. Other symptoms, which are often manifested, are waking up holding one's breath, gasping, or choking. Often snoring and breathing interruptions are noted by one's partner during sleep. Sequela of sleep apnea is the development of HBP, mood disorders, CAD, CVA, CHF, A fib, and DM. The CPAP machine is the mainstay treatment. There is no mention in the record of any of the above symptoms, which could be caused by sleep apnea. Therefore, CPAP titration is not medically necessary.