

<b>Case Number:</b>	CM15-0061890		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	08/18/1999
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: 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 55-year-old female, who sustained an industrial injury on 8/18/1999. She reported being hit in the jaw with a metal pipe near the chin area, subsequently injuring the temporomandibular joint with jaw and neck pain. Diagnoses include status post trauma, TMJ bilaterally, occipital neuralgia, cervical radiculopathy, cognitive impairment, emotional distress and sleep problems. Treatments to date include medication therapy, occipital nerve implant stimulator insertion, a home TENS unit, and aquatic therapy. Currently, she complained of increased TMJ and dental pain. On 7/14/14, the physical examination documented no new clinical findings. The plan of care included obtaining a C-Pap machine/titration for sleep problems secondary to cervical spine injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One C-Pap Machine/cpap titration for sleep problems/Insomnia due to cervical spine injury:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Review of Respiratory Disease, Vol 147, No 4 (1993), pp 887-895.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment and Other Medical Treatment.

**Decision rationale:** The claimant has a remote history of a work-related injury and is being treated for chronic pain. She has difficulty sleeping / insomnia and a sleep study showed findings of obstructive sleep apnea. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated by addressing the underlying condition causing the sleep disturbance. In this case, the claimant has documented obstructive sleep apnea. The requested use of CPAP is therefore medically necessary.

**One podiatry consultation for the right toe:** Upheld

**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, 2nd edition: Chapter 7; Independent Consultations, pg 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant has a remote history of a work-related injury and is being treated for chronic pain. She has difficulty sleeping and a sleep study showed findings of obstructive sleep apnea. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, there are no documented complaints or physical examination findings that support the need for a podiatry consultation, which is therefore not medically necessary.