

<b>Case Number:</b>	CM15-0062498		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 32-year-old who has filed a claim for chronic low back, knee, and wrist pain with derivative complaints of headaches, irritability, and insomnia reportedly associated with an industrial injury of September 7, 2011. In a Utilization Review report dated March 16, 2015, the claims administrator failed to approve request for polysomnography. A RFA form of March 4, 2015 was referenced in the determination. The claims administrator stated that the applicant had already had multiple repeat polysomnograms and CPAP titration procedures, including on August 15, 2014 and on February 20, 2015. The claims administrator further noted that causation and compensability had been challenged here. The applicant's attorney subsequently appealed. In a RFA form dated February 3, 2015, the applicant was described as having severe obstructive sleep apnea (OSA). A repeat polysomnogram was endorsed on this date. The applicant reported issues with morning headaches, poor memory, snoring, insomnia, and depression, it was acknowledged. The applicant weighed 295 pounds it was noted on this date. On November 12, 2014, a repeat polysomnography and CPAP titration were again proposed. The applicant weighed 296 pounds. There was no discussion of whether or not the applicant was compliant with the device. A polysomnogram of February 2, 2015 was notable for normalization of obstructive sleep apnea (OSA) with an auto PAP at 9-15 cm of water pressure. The applicant was asked to continue with the same. The attending provider stated that repeat polysomnography should only be performed in the future if clinically indicated. On March 4, 2015, it was again stated that the applicant was depressed, irritable, and having issues with insomnia and snoring. Norco was endorsed. The applicant was described as obese

and weighing 296 pounds. It was not clearly established why repeat polysomnography was proposed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Polysonography:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Polysomnography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kushida CA; Chediak A; Berry RB; Brown LK; Gozal D; Iber C; Parthasarathy S; Quan SF; Rowley JA; Positive Airway Pressure Titration Task Force of the American Academy of Sleep Medicine. Clinical guidelines for the manual titration of positive airway pressure in patients with obstructive sleep apnea. *J Clin Sleep Med* 2008;4(2):157-171. A repeat PAP titration study should be considered if the initial titration does not achieve a grade of optimal or good and, if it is a split-night PSG study, it fails to meet AASM criteria (i.e., titration duration should be >3 hr).

**Decision rationale:** No, the request for [repeat] polysomnography was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the American Academy of Sleep Medicine (AASM) notes that a repeat PAP titration study/repeat polysomnography should be considered if the initial titration/initial study does not achieve a grade of optimal or good, in this case, however, a polysomnography plus CPAP titration study of February 20, 2015 suggested that the applicant's obstructive sleep apnea had normalized with a water pressure of 9-15 cm. The applicant reported feeling well rested on the same. It was not clearly stated or clearly established why repeat polysomnography and/or repeat titration was sought in the face of the applicant's obstructive sleep apnea having reportedly normalized at 9-15 cm of water pressure as of February 20, 2015. Therefore, the request was not medically necessary.