

Case Number:	CM15-0086367		
Date Assigned:	05/08/2015	Date of Injury:	04/04/2011
Decision Date:	06/15/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/05/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 47 year old male, who sustained an industrial injury on April 4, 2011. He reported injuries of the back, shoulders, and neck. The injured worker was diagnosed as having mild obstructive sleep apnea syndrome, moderate during REM sleep. On February 5, 2015, the injured worker underwent a nocturnal sleep study to rule out a sleep disorder. The sleep study revealed obstructive sleep apnea and loud disruptive snoring. The treatment plan includes returning to the sleep lab for a full night continuous positive airway pressure (CPAP) titration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS: 2.5.15) CPAP Titration x 1: Overturned

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, sleep apnea.

Decision rationale: The California MTUS and ACOEM do not directly address the requested service. The ODG section on sleep apnea states that CPAP is a recommended treatment for documented sleep apnea. The patient does have the diagnosis and therefore CPAP titration would be medically warranted and the request is medically necessary.