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| Case Number: | CM15-0087418 | | |
| Date Assigned: | 05/11/2015 | Date of Injury: | 03/24/2010 |
| Decision Date: | 06/19/2015 | UR Denial Date: | 04/09/2015 |
| Priority: | Standard | Application Received: | 05/06/2015 |

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: 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 54-year-old male, with a reported date of injury of 09/06/2009. The diagnoses include possible obstructive sleep apnea syndrome with an obese body habitus and neuromuscular condition. Treatments to date have included oral medications, physical therapy, occupational therapy, a wheelchair, and neuropsychology. The medical report dated 03/23/2015 indicates that the injured worker had low back pain. He had an incomplete C6 spinal cord injury. The injured worker required one-to-one supervision as a complication of his injury, and chronic depression. It was noted that the injured worker snored loudly and complained of being extremely tired. A sleep study is being requested. The treating physician requested consultation with a Pulmonologist to rule out obstructive sleep apnea, consultation with a sleep medicine specialist, and continuous positive airway pressure study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Pulmonologist: 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, Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: According to ACOEM guidelines, referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The medical records note that the injured worker snored loudly and complained of being extremely tired. A sleep study is being requested. The treating physician requested consultation with a pulmonologist to rule out obstructive sleep apnea, consultation with a sleep medicine specialist, and continuous positive airway pressure study. A request for sleep medicine specialist is being approved. It would be reasonable for the injured worker to first be evaluated by the sleep medicine specialist prior to considering additional referral for the concern of obstructive sleep apnea. The request for Consultation with Pulmonologist is not medically necessary and appropriate.

Consultation with a sleep medicine specialist: Overturned

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, Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The medical records note that the injured worker snored loudly and complained of being extremely tired. A sleep study is being requested. The treating physician requested consultation with a pulmonologist to rule out obstructive sleep apnea, consultation with a sleep medicine specialist, and continuous positive airway pressure study. According to ACOEM guidelines, referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The request for sleep medicine specialist is supported as the treating physician has concerns with regards to the possibility of obstructive sleep apnea in this complicated case. The request for Consultation with a sleep medicine specialist is supported. The request for Consultation with a sleep medicine specialist is medically necessary and appropriate.

Continuous Positive Airway Pressure Study: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Polysomnography.

Decision rationale: As noted by ODG, Polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. It is not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. In this case, the request for consultation with a sleep medicine specialist has been approved. It would be reasonable for the injured worker to be evaluated by a sleep medicine specialist prior to proceeding with diagnostic testing, as the medical records do not establish that the injured worker has been unresponsive to behavior intervention and sedative/sleep-promoting medications, or that psychiatric etiology has been excluded. The request for Continuous Positive Airway Pressure Study is not medically necessary and appropriate.