

Case Number:	CM15-0087923		
Date Assigned:	07/16/2015	Date of Injury:	08/14/2014
Decision Date:	08/19/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/07/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 51 year old male, who sustained an industrial injury on 8/14/2014. He reported a fall from scaffolding from approximately 12 feet. The injured worker was diagnosed as having facial fracture. Treatment to date has included diagnostics, removal of 2 molars, Mandibular Orthopedic Repositioning Device, and medications. A supplemental Neurology Qualified Medical Evaluation (4/12/2015) noted a recommendation for Autonomic Nervous System testing. Currently, the injured worker complains of sleep disturbances, fatigue, frequent headaches, intermittent facial pain, clenching his teeth, sore teeth upon awakening, increased pain when chewing, dry mouth and bite feeling off. Medication use included Tramadol and Nortriptyline. Exam revealed xerostomia, scalloping of the lateral border of his tongue bilaterally, and wear on his teeth surface. Diagnostic testing included Autonomic Nervous System testing, consisting of pulse oximetry a-Amylase enzyme analysis. The treatment plan included fabrication of an Obstructive Airway Oral Appliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Amylase analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Amylase Blood. MedlinePlus Medical Encyclopedia. <http://www.nlm.nih.gov/medlineplus/ency/article/003464.htm>, accessed 08/15/2015.

Decision rationale: Amylase is a chemical made by the pancreas and the mouth (part of saliva) to digest sugars. The MTUS Guidelines are silent on this issue. When there is a problem with the pancreas, such as swelling, this chemical can be released into the blood. Blood testing can then show a higher level than usual. This can also occur if there are related issues, such as the intestines are blocked, or there is a problem with the gallbladder. Blood testing can also show a lower than usual level if the pancreas has significant damage. The submitted and reviewed documentation indicated the worker was experiencing pain the lower back that went into the legs, neck pain, shoulder pain, fatigue, headaches, depressed and anxious moods, and teeth problems. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for amylase analysis is not medically necessary.

1 Diagnostic autonomic nervous system testing, consisting of pulse oximetry: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chervin RD, et al. Approach to the patient with excessive daytime sleepiness. Topic 14892, version 10.0. UpToDate, accessed 07/04/2015. Collop N, et al. Out-of-center sleep testing for obstructive sleep apnea in adults. Topic 7694, version 18.0. UpToDate, accessed 07/04/2015.

Decision rationale: Pulse oximetry is one technique used to measure a person's blood oxygen level. The MTUS Guidelines are silent on this issue. A sleep study involves a person being connected to a variety of monitoring devices while he or she is asleep in order to measure and record many different body systems during sleep. This test is recommended for those with excessive daytime sleepiness when there is a concern for sleep-related breathing problems, limb movement disorders during sleep, sleep-related neurologic problems, or someone has problems with sleep that are not clear after a thorough history and examination are performed. Performing this study at home has the advantage of convenience, but fewer elements can be measured, which increases the risk of misdiagnosis. The literature and professional guidelines recommend using this approach when there is a high expectation of moderate to severe obstructive sleep apnea and no other medical or sleep problems, to assess the efficacy of an oral device for treatment, or to adjust the pressure therapy if continuous or automatically-adjusting pressure therapy is used. The literature and guidelines strongly support that pulse oximetry alone should not be used in diagnosing suspected obstructive sleep apnea. The submitted and reviewed documentation indicated the worker was experiencing pain the lower back that went into the legs, neck pain, shoulder pain, fatigue, headaches, depressed and anxious moods, and teeth problems. There was no discussion detailing the reason pulse oximetry was needed or special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for measuring the blood oxygen level through pulse oximetry as a type of autonomic nervous system testing is not medically necessary.

1 Obstructive airway oral appliance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AIM Specialty Health: Management of obstructive sleep apnea using oral appliances, 2014, pg 4.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dave NB, et al. Initiation of positive airway pressure therapy for obstructive sleep apnea in adults. Topic 7677, version 17.0. UpToDate, accessed 07/04/2015. Weaver T, et al. Adherence with continuous positive airway pressure (CPAP). Topic 7702, version 18.0. UpToDate, accessed 07/04/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. Obstructive sleep apnea is a condition that results in people not breathing enough or even stopping breathing while they are asleep. Treatment with positive airway pressure, either continuously (CPAP) or bilevel (BiPAP), while asleep is often helpful. However, this therapy is not always tolerated well. Left untreated, obstructive sleep apnea can result in serious complications over time. Managing the side effects of CPAP therapy and behavioral therapy can be helpful in maintaining adherence with this treatment. The submitted and reviewed documentation indicated the worker was experiencing pain the lower back that went into the legs, neck pain, shoulder pain, fatigue, headaches, depressed and anxious moods, and teeth problems. There was no discussion detailing the reason an oral appliance was needed or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an obstructive airway oral appliance is not medically necessary.