

Case Number:	CM14-0115951		
Date Assigned:	09/16/2014	Date of Injury:	05/20/2011
Decision Date:	10/31/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old male who reported an injury on 05/20/2011. The mechanism of injury was the injured worker was checking the fluids of a bus, and when he lifted the hood, weighing approximately 50 pounds, the hood shocks broke, and the hood of the bus fell on the injured worker's head. The injured worker's medications included hydrocodone/acetaminophen 10/325 mg, simvastatin, levothyroxine, metformin, clonazepam 1 mg, alprazolam 1 mg, gabapentin 300 mg, and vitamin D. His surgical history included an anterior cervical discectomy and fusion at C4 through C6 on 03/08/2012. Prior diagnostic studies included x-rays. The injured worker underwent a CT scan. The prior therapies included trigger point injections, Botox and epidural steroid injections. The injured worker underwent a polysomnogram on 03/01/2014, which revealed the injured worker had sleep related hypoxemia with greater than 30% of total sleep time with and SpO2 value of less than 90%. The recommendation was to evaluate and treat the cause of sleep related hypoxemia with follow-up by primary care physician, consider a polysomnogram using BPAP, and consider supplemental oxygen. The injured worker received Botox injections. The documentation of 06/17/2014 revealed the injured worker had chronic headaches, and had 3 epidural steroid injections in the neck with limited success. The injured worker's diagnoses included closed head injury with concussion, laceration of the vertical scalp requiring 6 staples to control, cervical strain, and cervical disc disease with cervical spinal surgery, as well as muscle contraction and vascular headaches. The treatment plan included CPAP therapy, a request for CPAP therapy to begin, and a weight reduction program. There was rationale for the request. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Positive airway pressure (PAP) Therapy: 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 Johnson, K. G., Ziemba, A. M., & Garb, J. L. (2013). Improvement in headaches with continuous positive airway pressure for obstructive sleep apnea: a retrospective analysis. *Headache: The Journal of Head and Face Pain*, 53(2), 333-343.

Decision rationale: Per Johnson, K. G., et. al (2013) "Headache patients should be evaluated for the presence of OSA. Treating OSA (obstructive sleep apnea) improves headaches in some patients." The clinical documentation submitted for review indicated the injured worker underwent a polysomnogram on 03/26/2014, which revealed the injured worker had hypoxemia greater than 30% of the total sleep time, with a SpO2 value of less than 90%. The recommendation was to consider a polysomnogram using BPAP, which is bilevel positive airway pressure. The clinical documentation submitted for review failed to indicate the injured worker had undergone a polysomnogram with BPAP. As such, the necessity for Positive airway pressure (PAP) therapy has not been established. Given the above, the request for Positive airway pressure (PAP) Therapy is not medically necessary. Additionally, the request as submitted failed to indicate the duration of use.