

Case Number:	CM14-0118296		
Date Assigned:	08/08/2014	Date of Injury:	02/29/1996
Decision Date:	10/10/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/25/2014

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 Internal Medicine, has a subspecialty in Pulmonary and is licensed to practice in New York. 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 patient is a 67 year old female with a date of injury of 02/29/1996. On 01/14/2014 it was noted that she had chronic back pain, neck pain, COPD/asthma, headache, vitamin D deficiency, hiatal hernia and diaphragmatic paralysis after thoracic outlet syndrome surgery. Her medication included Cymbalta, Digoxin, Dulera, Lasix, O2 when sleeping and Zomig. BMI was 39.9. The O2 saturation was 91% on room air. There was a listed diagnosis of obstructive sleep apnea (OSA) and restrictive lung disease also. On 04/23/2014 the BMI was 41.7. The O2 saturation on room air was 89%. On 06/13/2014 the O2 saturation on room air was 91%. BMI was 40.3. This is the patient who had the request for sleep apnea testing on 07/08/2014. She had neck pain radiating to her right arm. Cervical range of motion was decreased. (Mixed in are records from a 47 year old male and another female patient who is 55 years old. There are also records from a 50 year old female patient). .

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Apnea Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014. Chronic

pain, Polysomnogram. X Other Medical Treatment Guideline or Medical Evidence: Kryger MH, Roth T, Dement WC. Principles and Practice of Sleep Medicine, 5th Edition, 2011.

Decision rationale: ODG, 2014, Pain, Polysomnogram list the following criteria.

Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. There are no MTUS guidelines for a sleep study, polysomnogram. There is no documentation of any of the listed criteria from ODG above. More important, there is no documentation of hypersomnia, an elevated Epworth Sleepiness score, a Mallampati score or a sleep medicine history and physical examination. Although the patient is overweight, there is insufficient documentation to substantiate the medical necessity of a diagnostic polysomnogram at this time. There is a listed diagnosis of obstructive sleep apnea but no documentation that she had a previous sleep study to document this condition or any treatment for OSA. Given the above the request is not medically necessary.