

Case Number:	CM14-0118906		
Date Assigned:	09/16/2014	Date of Injury:	08/30/2002
Decision Date:	10/23/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/29/2014

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, and is licensed to practice in Nevada. 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 37 year-old male who was reportedly injured on 8/30/2002. Mechanism of injury is noted as an impalement of a metallic nail in the right frontal lobe of the brain due to accidental firing of a nail gun. The most recent progress note dated 6/17/2014, indicates that there were ongoing signs and symptoms of obstructive sleep apnea and snoring. A polysomnogram performed in April 2014 reported a respiratory disturbance index of 33 in the supine position and 11.5 overall which was indicative of severe obstructive sleep apnea. A second polysomnogram with CPAP was done in June 2014 and showed normalization of obstructive sleep apnea and snoring with a CPAP setting at 11.0 cm/H₂O. The claimant received certification for a home CPAP machine on 7/22/2014. Current medications: Ibuprofen. A request had also been made for repeat Polysomnogram for CPAP titration, which was not certified in the utilization review on 7/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Polysomnogram for CPAP Titration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

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

Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Polysomnography
(updated 10/06/14).

Decision rationale: California Medical Treatment Utilization Schedule/ American College of Occupational and Environmental Medicine guidelines fails to address polysomnography (sleep studies). The Official Disability Guidelines support polysomnography for excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality changes, sleep-related breathing disorder or periodic limb movement disorder, and insomnia for 6 months that is unresponsive to behavioral intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. Review of the available medical records, documents two polysomnograms. The first sleep study showed severe obstructive sleep apnea, which was normalized with a CPAP setting of 11.0/H2O on a second sleep study. As such, the request for CPAP titration is not medically necessary.