

<b>Case Number:</b>	CM14-0125334		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Family Practice, and is licensed to practice in California. 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 55 year old female who sustained an industrial injury on 10/20/14. She was exposed to mold and asbestos. She is diagnosed with gastropathy, hypertension, and blurred vision, exposure to mold, shortness of breath, sleep disorder and cervicalgia. May 5, 2014 internal medicine AME noted a negative UDS. The patient was diagnosed with probable mild obstructive airway disease reaction to mold exposure, dyspnea probably more related to hypertensive heart disease and the aortic stenosis, hypertension, left ventricular hypertrophy, aortic stenosis, bicuspid aortic valve, insomnia, obesity, and report of snoring and witnessed apnea but also a report of a normal home sleep test. Blood pressure is 200/90 and 160/80. The patient presented for an initial internal medicine consultation on 5/13/14 for respiratory, GI, hypertension and sleep disturbance complaints. Her current medications consist of Lisinopril, Famotidine, Valium, Medrox patches, topical ointment and temazepam. For the patient's respiratory issues, chest x-rays, pulmonary function test, referral for pulmonary and toxicology consultation was requested. MRI of the brain was requested for reported cephalgia. It was further noted that the patient's blood pressure was become increasingly elevated since the work injury. EKG, ICG, carotid ultrasound, cardio-respiratory testing and 2D echo with Doppler was requested. The patient was referred for an ophthalmology evaluation. Blood pressure monitor was prescribed. For the sleep disorder, PSG with CPAP titration and MSLT was ordered. UR dated 7/10/14 non-certified the request for Polysomnogram PSG with CPAP titration with MSLT, carotid ultrasound, MRI of the brain, pulmonary function test (pre and post) and urine toxicology screen. The request for chest X-ray was certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Polysomnogram (PSG) With CPAP Titration with Multiple Sleep Latency Test (MSLT):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines sleep studies.. Decision based on Non-MTUS Citation Pain, Polysomnography

**Decision rationale:** According to ODG, 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. In this case, while the patient is reporting snoring and witnessed apnea, the medical records do not establish other findings noted by ODG to support a sleep study. In addition, the patient has reportedly had a normal home sleep study. The medical records also do not establish attempts at good sleep hygiene. The request for sleep study is not medically necessary.

**Carotid Ultrasound:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines carotid ultrasound. Decision based on Non-MTUS Citation <http://www.nhlbi.nih.gov/health/health-topics/topics/cu/>

**Decision rationale:** The patient has hypertension and aortic valve stenosis. She currently has elevated blood pressure readings which reportedly has become increasingly elevated since the work injury. The request for carotid ultrasound for evaluation of the carotid arteries structure is medically necessary.

**MRI Brain:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines brain MRI. Decision based on Non-MTUS Citation Head Chapter, Brain MRI

**Decision rationale:** The request for brain MRI is not supported. The patient is reporting cephalgia. However, there medical records do not specify the type and frequency of headaches. The medical records do not establish prior attempts to address the reported headache. Furthermore, the reported injury occurred in August 2012 at which time the patient was exposed to mold and asbestos. There is no evidence of acute trauma to support MR imaging of the brain. There is also no evidence of neurological deficits or prolonged interval of disturbed consciousness to support an MRI of the brain. As such, the request for brain MRI is not medically necessary.

**Pulmonary Function Test (Pre and Post):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Complete Pulmonary Function Tests (PFT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines pulmonary function test. ( Pre and Post). Decision based on Non-MTUS Citation Pulmonary, Pulmonary function testing

**Decision rationale:** The medical records indicate that the patient underwent a pulmonary function test on 5/5/14 at the time of a medico-legal evaluation. The patient was seen for an initial internal medicine evaluation just eight days later on 5/13/14 at which time another pulmonary function test was ordered. The request for a repeat study is not medically necessary.

**Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (TWC) Urine Drug Testin

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Test Page(s): 43.

**Decision rationale:** The patient underwent a urine analysis at the time of a medico-legal evaluation on 5/5/14 with negative findings. On 5/13/14 urine toxicology screen was requested. References recommend urine drug screen to assess for the use or the presence of illegal drugs. In this case, there is no evidence to suggest a presence of illegal drug use and the request for a repeat study just eight days after is not medically necessary.