

<b>Case Number:</b>	CM14-0125851		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 58-year-old male who has submitted a claim for obstructive sleep apnea, hypertension, and left ventricular hypertrophy associated with an industrial injury date of 11/08/2011. Medical records from 01/23/2004 to 06/18/2014 were reviewed and showed that patient complained of snoring with sleep disturbance. Physical examination revealed BMI of 28.6 kg/m<sup>2</sup>, clear breath sounds, no heart murmurs, and non-displaced apical impulse. Sleep study was done on 08/15/2012 that revealed moderate sleep apnea with severe exacerbation in REM. Of note, the patient has been referred to a sleep specialist. There was no diagnosis of psychiatric disorder. Treatment to date has included CPAP. The patient's response to CPAP was not documented. Utilization review dated 07/15/2014 partially certified the request for consultation with sleep specialist for CPAP because assessment of the patient's response to treatment was necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation/Treatment with Sleep Specialist for CPAP (Continuous Positive Airway Pressure):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Workers Compensation, Pain Procedure Summary, Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations chapter, pages 127 and 156.; Official Disability Guidelines (ODG) Head Section, Sleep Aids Other Medical Treatment Guideline or Medical Evidence: AIM Specialty Health Sleep Disorder Management Diagnostic & Treatment Guidelines January 2014

**Decision rationale:** As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. ODG states that sleep aids are recommended. Depending on etiology, management strategies include, but are not limited to, extension of time in bed, naps, surgery, various medical devices (e.g., oral appliance, continuous positive airway pressure) and medication therapy. The AIMS guidelines for treatment with CPAP includes home or lab based sleep study that demonstrates one of the following: AHI (apnea/hypopnea index) greater than or equal to 15 or AHI 5-14 with any of the following: excessive daytime sleepiness, impaired cognition, mood disorders, insomnia, treatment-resistant hypertension (persistent hypertension in a patient taking three or more antihypertensive medications), ischemic heart disease, history of stroke; and determination of CPAP level. In this case, the patient was already referred to a sleep specialist who initiated CPAP treatment. It is unclear as to why another referral is needed. There is no worsening of subjective symptoms or objective findings to warrant this request. Therefore, the request for Consultation/Treatment with Sleep Specialist for CPAP (Continuous Positive Airway Pressure) is not medically necessary.