MAXIMUS Federal Services

Case Number:	CM14-0148389		
Date Assigned:	09/18/2014	Date of Injury:	01/27/2001
Decision Date:	12/24/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/12/2014

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, 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 injured worker (IW) is a 53-year-old man with a date of injury of January 27, 2001. The IW was working on an excavator in a ranch. He described falling off the machine with 1 leg in front of him and the other leg behind him. He broke several bones on his left side including his hip and underwent a complete hip replacement. He has a nerve stimulator on the left side with a morphine pump since 2005 or 2006. He reports that he had a replacement for the pump in 2013. The IW is on multiple medications. He started having problems with his teeth 3 or 4 years ago. His teeth started deteriorating and falling out n their own. The dentist has told him that the problems with his teeth are due to the medications he has taken over the years. The IW has been under treatment for chronic pain as well as sleep apnea. The IW underwent a polysomnogram CPAP test with assisted Servo-ventilation (ASV) titration on May 23, 2014. The IW was found to have complex sleep apnea based on the sleep study with apnea-hypoxia index of 115 events per hour with failure to resolve sleep apnea with BiPAP at 18 cm inspiratory and 12 cm expiratory. During the ASV titration on May 23, 2014, the total sleep time was 270 minutes, sleep efficiency was 64%, sleep latency was 4 minutes, REM sleep latency was 292 minutes, Stage I non-REM was 38%, Stage II nom-REM was 20%, Stage III non-REM was 38%, Stage REM was 12% and he reported that sleep was better than his usual sleep at home. The IW appeared to tolerate the ASV titration without problems. The lowest oxygen saturation was 77% with an average oxygen saturation of 96%, 1.4 minutes of sleep study were spent at an oxygen saturation below 89%. There was no evidence of periodic limb movement sleep disorder. During the night, 100 arousals were reported with 23 due to respiratory events and 77 due to unknown cause. The total arousal index was 22. The IW was unable to manage his severe sleep apnea with a CPAP and BiPAP machine alone. The provider is requesting lifetime use of an ASV machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lifetime use of an assisted servo-ventilation machine: 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 Other Medical Treatment Guideline or Medical Evidence: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2542501/

Decision rationale: Pursuant to the Journal of Clinical Sleep Medicine, assisted servo ventilation machine for lifetime use is not medically necessary. The Journal of Clinical Sleep Medicine, Adaptive Servo Ventilation (ASV): In Patients with Sleep Disordered Breathing Associated with Chronic Opioid Medications for Nonmalignant Pain stated ASV can be effective therapy for specific types of central apnea such as Cheyne-Stokes respiration. In this case, the injured worker has severe complex obstructive sleep apnea. The injured worker underwent a polysomnogram CPAP test (June 2013), assisted servo ventilation titration. The injured worker tolerated the ASP titration without problems with the lowest oxygen saturation of 77%. The average oxygen saturation was 96%. The ACOEM, Official Disability Guidelines, and California Medical Pain Treatment Guidelines did not provide any evidence-based guidelines. The injured worker was unable to manage his severe sleep apnea with CPAP. The trial of ASV took place in May 2014 and the injured worker's apneic episodes were reduced in frequency associated with improved oxygenation. He also reported improved sleep. Although the use of ASP is medically necessary for certification for lifetime use is extreme because there may be variables or changes that arise during the course of the injured worker's lifetime. It would be appropriate to authorize one year for the ASV with re-evaluation at that time. Consequently, assisted servo ventilation machine for lifetime use is not medically necessary.