

<b>Case Number:</b>	CM14-0092970		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/23/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 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 is a 55-year-old male who reported an injury on 10/23/2009; while at [REDACTED] to purchase bags of cement, weighing approximately 90 pounds each, 4 gallons of paint, and stucco. The injured worker lifted, carried, and pushed 13 to 14 bags of cement, the gallons of pain, and stucco. About 20 to 25 minutes during the course of lifting these items, the injured worker noted a twinge in his neck. The injury was reported the next morning. Diagnoses were hypertension with left ventricular hypertrophy, gastroesophageal reflux disease, and sleep apnea. Past treatments were chiropractic, physical therapy, acupuncture, and epidural steroid injection. Physical examination on 05/20/2014 revealed the injured worker had a sleep study and was told that he had sleep apnea. The injured worker was 207 pounds. Blood pressure was 160/101. Breath sounds were symmetrical. There were no rhonchi or rales. The expiratory phase was within normal limits. The provided noted that the sleep apnea needs to get under control so the injured worker's blood pressure will also be under control. He noted he did not want the injured worker to develop such side effects such as pulmonary hypertension and right ventricular enlargement as a result of sleep apnea. Medications were Zantac and Cozaar was to be switched to Benicar. The rationale and request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuous positive airway pressure (CPAP) titration study Qty 1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities guidelines (odgtreatment.com)

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

**Decision rationale:** The decision for Cpap titration study Qty 1 is medically necessary. The Official Disability Guidelines states polysomnography is recommended after at least 6 months of an insomnia complaint (at least 4 nights a week), unresponsive to behavior interventions, and sedative/sleep promoting medications, and after psychiatric etiology has been excluded. Not recommended for routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. The criteria for a polysomnography is polysomnogram/sleep studies are recommended for combination of indications below, excessive daytime somnolence, cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy), morning headache (other causes have been ruled out), intellectual deterioration (sudden, without suspicion of organic dementia), personality change (not secondary to medication, cerebral mass, or known psychiatric problems), sleep related breathing disorders, periodic limb movement disorders suspected, insomnia complaint for at least 6 months (at least 4 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 in snoring, without one of the above mentioned symptoms, is not recommended. The injured worker has already had a sleep apnea study. The provider noted that he did not want the injured worker to develop pulmonary hypertension or right ventricular enlargement due to his high blood pressure and sleep apnea. The clinical information submitted for review provides evidence to justify this CPAP titration study quantity 1. Therefore, this request is medically necessary.