

<b>Case Number:</b>	CM14-0199243		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 male with a 9/6/2012 date of injury. A progress note dated 6/16/2014 reports difficulty with sleep. The injured worker reports gaining approximately 50 pounds since leaving work. The insured averages 5-6 hours of sleep per night. There is difficulty initiating sleep. There is awakening due to pain and denies snoring and nocturnal gasping episodes. Epworth sleep score was 15. Polysomnogram dated 7/17/14 reports the insured had hypopneas and obstructive sleep apnea with mild to moderate oxygen desaturation. No snoring was noted. The insured was reported to take sleep aid due to difficulty initiating sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPAP Full face mask, tubing, head gear, filters, water chamber:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Sleep aids, <http://www.ncbi.nlm.nih.gov/pubmed/19103134> Health Technol Assess, 2009. Jan 13

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

**Decision rationale:** The medical records provided for review support that the insured has a condition of OSA associated with periods of hypopnea. Official Disability Guidelines support CPAP is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. The medical records show that the insured has failed at least 6 months of conservative care and use of sleep aid and has documented periods of hypopnea. The medical records support necessity of CPAP congruent with Official Disability Guidelines. Therefore, this request is medically necessary.