

Case Number:	CM14-0218541		
Date Assigned:	01/08/2015	Date of Injury:	04/24/2014
Decision Date:	03/10/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64 year old male with a date of injury of April 24, 2014. The mechanism of injury is unknown. Diagnoses include cervical spine strain, lumbar spine strain, right shoulder/arm strain, left shoulder strain, right hand strain, left hand strain and right knee strain. On June 3, 2014, the injured worker complained of left shoulder pain, neck pain, lower back pain, right shoulder/arm pain, right hand pain, left hand pain and right knee pain. Physical examination revealed diffuse tenderness in the lumbar back and neck. On November 3, 2014, a polysomnogram was performed. Test findings were consistent with mild obstructive sleep hypopnea with moderate exacerbation during REM sleep and moderate oxygen desaturations. A second study deciation to CPAP was noted to be of benefit. A request was made for a CPAP Titration Study. On December 1, 2014, utilization review denied the request citing MTUS/ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP Titration Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Polysomnography

Decision rationale: MTUS is silent regarding sleep studies. ODG states "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) 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." There is no documentation of excessive daytime sleepiness, cataplexy, intellectual deterioration, personality changes, or insomnia for greater than 6 months. He did have a polysomnography study, but it was not medically necessary, according to the guidelines above, and there is no linkage to his industrial injury. As such, the request for a CPAP Titration study is not medically necessary at this time.