

Case Number:	CM14-0219161		
Date Assigned:	01/09/2015	Date of Injury:	09/26/2011
Decision Date:	03/09/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/31/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 patient with a date of injury of September 26, 2011. A utilization review determination dated December 9, 2014 recommends noncertification of CPAP machine purchase. Noncertification was recommended due to lack of documentation of a sleep study identifying that a CPAP device is indicated. A review of a sleep study performed on September 18, 2011 indicates that the patient has severe obstructive sleep apnea and hypopnea. A progress report dated November 26, 2014 identifies subjective complaints indicating that a sleep study revealed Apnea. Physical findings indicate that the patient weighs 230 pounds. Diagnoses include hypertension, sleep apnea disorder, and left ventricular and atrial enlargement. The treatment plan recommends a sleep study to be reviewed and states that the patient needs a CPAP device. A progress report dated October 15, 2014 indicates that the patient complains of snoring, fatigue, daily headache, and apnea reported by his wife. The treatment plan recommends a CPAP device and discusses sleep hygiene techniques. A CPAP titration report dated September 15, 2014 indicates that the patient has obstructive sleep apnea which is resolved with CPAP settings of 7 cm/H2O. Further workup and treatment is also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP Machine Purchase: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Polysomnography; and Non-MTUS AHRQ (www.guideline.gov/content.aspx?id=38415)

Decision rationale: Regarding the request for CPAP Machine Purchase, California MTUS guidelines are silent. ODG states Polysomnograms/sleep studies are recommended for the combination of indications listed 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 disorder or periodic limb movement disorder is suspected, 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. Guidelines also state that it is important for sleep apnea to be treated with CPAP device to reduce the risk of comorbid conditions. Within the documentation available for review, it is clear the patient has symptoms of sleep apnea which have not responded to sleep hygiene techniques. Additionally, sleep apnea has been diagnosed by a sleep study. Furthermore, the patient has undergone CPAP titration which has been shown to resolve his sleep apnea. Therefore, the use of a CPAP machine to address his chronic sleep apnea is medically necessary.