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| Case Number: | CM15-0124123 | | |
| Date Assigned: | 07/08/2015 | Date of Injury: | 05/11/2011 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 05/28/2015 |
| Priority: | Standard | Application Received: | 06/26/2015 |

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: Texas, California

Certification(s)/Specialty: Family Practice

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 with an industrial injury dated 05/11/2011. His diagnoses included occupational asthma, rhinitis, status post lumbar surgery and obstructive sleep apnea. The injury was to the lumbar spine. Comorbid diagnoses included hypertension, asthma and obstructive sleep apnea. Prior treatment included medications and CPAP. He presents on 05/04/2015 for follow up. He was not on Prednisone at the time of the visit and his IgE had been going up (375 to 382). It was down to 240 on last visit. Pulmonary function tests in August showed no change from 2012. He presented with mild shortness of breath and reported thick, chunky phlegm. Physical exam noted chest was clear with normal symmetrical breath sounds. Expansion was normal. The injured worker was to continue medications of Dulera (formoterol and mometasone inhaler) and Veramyst (fluticasone nasal spray). The request for 1 polysomnography 95810 and 1 polysomnography 95811 was authorized. The treatment request is for 1 CPAP initiation, I EEG greater than 1, 1 pulse oximetry and 1 rhinomanometry. Per the note dated 5/14/15 the patient had complaints of low back pain radiating to lower extremity. Physical examination of the lumbar spine revealed tenderness on palpation, limited range of motion, decreased sensation in lower extremity, and muscle spasm. The patient had received 12 PT visits for this injury. Patient had received lumbar ESIs for this injury. The medication list include Symbicort, Zestril, Lexapro, Flomax, Senokot, Tylenol, Flexeril, Zofran, and Pepcid. Per the note dated 1/30/15 the patient had BP 115/61, HR 81, O2 saturation 95%, RR 20. Per the note dated 1/30/15 the patient had no chest pain, no palpitation, no syncope. Physical examination was normal on cardiovascular and respiratory system. On review of system patient had no complaints of cardiovascular and respiratory system. The patient has had labs on

1/30/15 that revealed white count 11, hematocrit of 20. The pt has already been using a CPAP machine for several years. Per the notes of the pulmonologist on 6/4/15, there were problems with the use of the CPAP machine. A request was made for a new CPAP machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pulse Oximetry: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Measure blood oxygen level.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15) Polysomnography Pub Med Perkins GD, McAuley DF, Giles S, Routledge H, Gao F Crit Care. 2003; 7 (4): R67.

Decision rationale: Request 1 Pulse Oximetry: CA MTUS/ACOEM does not address this request, therefore ODG guidelines used. Per the cited guidelines, A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. The request for 1 polysomnography 95810 and 1 polysomnography 95811 was authorized. The Pulse Oximetry is already included as part of a polysomnography or sleep study which has already been authorized. The rationale for separate request for Pulse Oximetry was not specified in the records specified. Physical examination of the cardiovascular and respiratory system was normal. On review of systems, the patient had no complaints related to the cardiovascular and respiratory system. The medical necessity of the request for Pulse Oximetry (outside of a polysomnography, as a separate request) is not fully established for this patient.

1 Rhinomanometry: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Nasal function studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15) Polysomnography.

Decision rationale: 1 Rhinomanometry CA MTUS/ACOEM does not address this request, therefore ODG guidelines used. Per the cited guidelines, A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. The request for 1 polysomnography 95810 and 1 polysomnography 95811 was authorized. The detailed report of the polysomnography was not

specified in the records specified. The Rhinomanometry, for measurement of nasal breathing is already included in polysomnography and polysomnography has already been authorized. The rationale for separate request for Rhinomanometry was not specified in the records specified. A recent detailed examination of the nasal cavity was not specified in the records specified. The patient had no complaints or diagnosis related to the upper respiratory tract like rhinitis. The medical necessity of the request for Rhinomanometry (outside of a polysomnography, as a separate request) is not fully established for this patient.

1 EEG greater than 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head (updated 07/24/15) EEG (neurofeedback) ODG Chapter: Pain (updated 07/15/15) Polysomnography.

Decision rationale: 1 EEG greater than 1CA MTUS/ACOEM does not address this request, therefore ODG guidelines used. Per the cited guidelines, A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. EEG is also used as a part of an evaluation of seizures. Details regarding a history of seizures since the date of injury are not specified in the records provided. The request for 1 polysomnography 95810 and 1 polysomnography 95811 was authorized. An EEG, for monitoring of brain waves, is included in a polysomnography and polysomnography has already been authorized. The rationale for a separate request for an EEG was not specified in the records specified. Any significant functional deficits on physical examination that would require an EEG were not specified in the records provided. The medical necessity of the request for 1 EEG greater than 1, (outside of a polysomnography, as a separate request) is not fully established for this patient.

1 CPAP initiation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pos airway pressure, CPAP.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15) Polysomnography.

Decision rationale: 1 CPAP initiation CA MTUS/ACOEM does not address this request, therefore ODG guidelines used. Per the cited guidelines, testing is increasingly being used to diagnose patients with obstructive sleep apnea (OSA) and to initiate them on continuous positive airway pressure (CPAP) treatment. As per the cited guideline Noninvasive positive pressure ventilation (NPPV): Recommended as indicated. The request for 1 polysomnography 95810 and

1 polysomnography 95811 was authorized. The pt has already been using a CPAP machine for several years. Per the notes of the pulmonologist on 6/4/15, there were problems with the use of the CPAP machine. During the sleep study, it is medically appropriate to adjust the settings of the CPAP machine for optimization of outcomes. The request for CPAP initiation is medically appropriate and necessary for this patient.