

Case Number:	CM15-0172875		
Date Assigned:	09/15/2015	Date of Injury:	02/17/2011
Decision Date:	10/22/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/02/2015

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, New York, California
 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for gastroesophageal reflux disease, hypertension, irritable bowel syndrome, palpitations, alleged obstructive sleep apnea (OSA) reportedly associated with an industrial injury of February 17, 2011. In a Utilization Review report dated August 3, 2015, the claims administrator failed to approve a request for a sleep study. A July 27, 2015 office visit and an associated RFA form of the same date were referenced in the determination. The claims administrator contended that the applicant had had a sleep study several years prior, which was positive for obstructive sleep apnea. The applicant's attorney subsequently appealed. On said July 22, 2015 RFA form, a sleep study and a Holter monitor study were sought. In an associated progress note of July 27, 2015, the applicant reported issues with headaches, irritable bowel syndrome, and sleep disturbance. The applicant was given various diagnoses, including that of GERD, irritable bowel syndrome, sleep apnea, palpitations, hypertension, and fatty liver. Dexilant was stopped. Zantac was introduced. Tenormin was refilled. A sleep study was sought. The note was very difficult to follow, handwritten, and not altogether legible. It was not clearly stated whether the applicant was or was not using a CPAP device as of this point. On May 14, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck, elbow, wrist, and shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep 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 Practice Parameters for the Indications for PSG/AASM Practice Parameters Citation: Kushida CA; Littner MR; Morgenthaler T et al. Practice parameters for the indications for polysomnography and related procedures: An update for 2005. SLEEP 2005; 28 (4): 499-521.

Decision rationale: No, the request for a sleep study is not medically necessary, medically appropriate, or indicated here. 4.1.3.5 States: Follow-up polysomnography is routinely indicated for the assessment of treatment results in the following circumstances: (Standard). This recommendation is the same as the recommendation of the previous practice parameter paper. 1) After substantial weight loss (e.g., 10% of body weight) has occurred in patients on CPAP for treatment of SRBDs to ascertain whether CPAP is still needed at the previously titrated pressure [4. 3. 2. 1. 3]. 2) After substantial weight gain (e.g., 10% of body weight) has occurred in patients previously treated with CPAP successfully, who are again symptomatic despite the continued use of CPAP, to ascertain whether pressure adjustments are needed [4. 3. 2. 1. 3]. 3) When clinical response is insufficient or when symptoms return despite a good initial response to treatment with CPAP. In these circumstances, testing should be devised with consideration that a concurrent sleep disorder may be present (e.g., OSA and narcolepsy) [4. 3. 2. 1. 3]. The request was framed as a repeat polysomnogram or repeat sleep study. The MTUS does not address the topic. While the American Academy of Sleep Medicine (AASM) does acknowledge that a follow-up polysomnogram or follow-up sleep study is recommended in applicants who gain substantial amounts of weight after introduction of a CPAP so as to ascertain whether a CPAP is still needed at the previously titrated pressure in applicants who remain symptomatic despite continued usage of the CPAP, and/or in applicants whose clinical response to introduction of CPAP is insufficient, here, however, the attending provider's July 27, 2015 progress note was thinly and sparsely developed, handwritten, difficult to follow, not entirely legible, did not clearly state for what issue and/or reason a repeat sleep study had been sought. There was no mention of the applicant gaining weight. There was no mention of the applicant having demonstrated an inadequate or insufficient response to a previously provided CPAP device. Therefore, the request is not medically necessary.