

<b>Case Number:</b>	CM15-0177603		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	03/13/2010
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: 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:

This is a 56-year-old male with a date of industrial injury 3-13-2010. The medical records indicated the injured worker (IW) was treated for obstructive sleep apnea; lumbar sprain-strain; and bilateral knee osteoarthritis. The internal medicine supplemental report (3-5-15) stated the IW has diabetes mellitus with peripheral neuropathy and hypertension. The IW also had a 40-pound weight gain. In the polysomnogram report (12-3-14), the IW was found to have severe obstructive sleep apnea and hypopnea; the ECG showed episodes of premature ventricular contractions; and there were significant oxygen desaturations (lowest was 79%). He then underwent a titration study (5-19-15), to determine his approximate CPAP settings necessary to maintain an adequate oxygen saturation level. After this test, nightly use of CPAP was recommended at 8.0 cm H2O, which helped him maintain a minimum of 90% oxygen saturation. A Request for Authorization dated 8-3-15 was received for humidifier one time charge, CPAP 12 month rental, full face mask with headgear and nasal mask with headgear. The Utilization Review on 8-14-15 non-certified the request for humidifier one time charge, CPAP 12 month rental, full face mask with headgear and nasal mask with headgear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Humidifier 1 Time Charge:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Guideline for Evaluation, Management and Long-Term Care of Obstructive Sleep Apnea in Adults; Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine; Journal of Clinical Sleep Medicine, Valium 5, Number 3, 2009.

**Decision rationale:** The Official Disability Guidelines and the MTUS are silent on this issue. Alternative guidelines were referenced. According to the Clinical Guideline for Evaluation, Management and Long-Term Care of Obstructive Sleep Apnea in Adults, treatment options that should be discussed in the context of the severity of the patient's obstructive sleep apnea and the patient should undergo an educational program. The components of the patient education program include findings of the sleep study and severity of the disease, pathophysiology of obstructive sleep apnea, explanation of the natural course of disease and associated disorders, risk factor identification and explanation of exacerbating factors and the risk factor modification, genetic counseling, treatment options, and others. There is no documentation in the medical record that the patient has undergone the mandatory education prior to the prescribing of CPAP which is recommended by the Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine. CPAP is not medically necessary; consequently, Humidifier 1 Time Charge is not medically necessary.

**Nasal with Headgear:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Guideline for Evaluation, Management and Long-Term Care of Obstructive Sleep Apnea in Adults; Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine; Journal of Clinical Sleep Medicine, Valium 5, Number 3, 2009.

**Decision rationale:** The Official Disability Guidelines and the MTUS are silent on this issue. Alternative guidelines were referenced. According to the Clinical Guideline for Evaluation, Management and Long-Term Care of Obstructive Sleep Apnea in Adults, treatment options that should be discussed in the context of the severity of the patient's obstructive sleep apnea and the patient should undergo an educational program. The components of the patient education program include findings of the sleep study and severity of the disease, pathophysiology of obstructive sleep apnea, explanation of the natural course of disease and associated disorders, risk factor identification and explanation of exacerbating factors and the risk factor modification, genetic counseling, treatment options, and others. There is no documentation in the medical record that the patient has undergone the mandatory education prior to the prescribing of CPAP, which is recommended by the Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine. CPAP is not medically necessary, consequently, Nasal with Headgear is not medically necessary.

**Full Face with Headgear:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Guideline for Evaluation, Management and Long-Term Care of Obstructive Sleep Apnea in Adults; Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine; Journal of Clinical Sleep Medicine, Valium 5, Number 3, 2009.

**Decision rationale:** The Official Disability Guidelines and the MTUS are silent on this issue. Alternative guidelines were referenced. According to the Clinical Guideline for Evaluation, Management and Long-Term Care of Obstructive Sleep Apnea in Adults, treatment options that should be discussed in the context of the severity of the patient's obstructive sleep apnea and the patient should undergo an educational program. The components of the patient education program include findings of the sleep study and severity of the disease, pathophysiology of obstructive sleep apnea, explanation of the natural course of disease and associated disorders, risk factor identification and explanation of exacerbating factors and the risk factor modification, genetic counseling, treatment options, and others. There is no documentation in the medical record that the patient has undergone the mandatory education prior to the prescribing of CPAP, which is recommended by the Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine. CPAP is not medically necessary, consequently, Full Face with Headgear is not medically necessary.

**C-PAP 12 Month Rental:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Guideline for Evaluation, Management and Long-Term Care of Obstructive Sleep Apnea in Adults; Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine; Journal of Clinical Sleep Medicine, Valium 5, Number 3, 2009.

**Decision rationale:** The Official Disability Guidelines and the MTUS are silent on this issue. Alternative guidelines were referenced. According to the Clinical Guideline for Evaluation, Management and Long-Term Care of Obstructive Sleep Apnea in Adults, treatment options that should be discussed in the context of the severity of the patient's obstructive sleep apnea and the patient should undergo an educational program. The components of the patient education program include findings of the sleep study and severity of the disease, pathophysiology of obstructive sleep apnea, explanation of the natural course of disease and associated disorders,

risk factor identification and explanation of exacerbating factors and the risk factor modification, genetic counseling, treatment options, and others. There is no documentation in the medical record that the patient has undergone the mandatory education prior to the prescribing of CPAP, which is recommended by the Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine. CPAP 12 month rental is not medically necessary.