

Case Number:	CM15-0028797		
Date Assigned:	02/20/2015	Date of Injury:	09/22/2011
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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, Illinois

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 42 year old male sustained an industrial injury on 9/22/11, with subsequent ongoing neck and back pain. In a pulmonology office visit dated 1/7/15, the injured worker presented for a sleep apnea consult. The injured worker reported losing weight since his initial sleep apnea diagnosis two years prior. The injured worker reported receiving no treatment for sleep apnea. The injured worker reported that he still snored. Current diagnoses included back pain, snoring and diabetes mellitus. The treatment plan included a repeat sleep study as the injured worker had lost weight. On 1/20/15, Utilization Review non-certified a request for Sleep Study for Study Apnea and Snoring noting an established diagnosis of sleep apnea and citing ODG Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study for Study Apnea and Snoring: 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, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate online, Management of Obstructive Apnea in adults.

Decision rationale: The injured worker sustained a work related injury on 9/22/11. The medical records provided indicate the diagnosis of back pain, snoring and diabetes mellitus. Treatments have included weight loss, CPAP treatment. The medical records provided for review do not indicate a medical necessity for Sleep Study for Study Apnea and Snoring. The records indicate the injured worker has done two sleep studies in the past and was diagnosed of severe obstructive Sleep Apnea, for which he was prescribed CPAP; the injured worker has since then lost weight and needs to know whether the sleep apnea has resolved. However, the records did not provide any information about his weights before and after the weight loss, neither was there any documentation of the body mass index. Obstructive sleep apnea is not considered a work related injury, and it is not listed in the MTUS which is purely used as a guideline for work related conditions. The Up to date recommends weight loss, as form of treatment needed to reverse the metabolic effects of Obstructive sleep apnea, but stated that it does not lead to the resolution of the problem.