

<b>Case Number:</b>	CM15-0029408		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	05/15/1986
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: New York  
Certification(s)/Specialty: Internal 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 injured worker is a 53 year old, male patient, who sustained an industrial injury on 05/15/1986. On 01/27/2015 the patient underwent a fluorescein angiography without complication. A follow up visit dated 01/09/2015 reported subjective complaint of leg pain, weakness and stiffness after running while playing softball. He gets cramps after running. He rates his pain a 1 out of 10 with activity. Objective findings showed muscle atrophy noted to medial aspect of the left calf muscle. His physical therapy was certified. The referring diagnosis is left lower leg muscle strain. A request was made for 1 oxygen concentrator, and 1 oxygen oximeter. On 02/12/2015, Utilization Review, non-certified the request, noting the American College of Physicians ACP was cited. The injured worker submitted an application for independent medical review of requested service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Oxygen Concentrator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Qaseem A Holly JE, Owns Dk, Dallas P,

Starkey M, Shekelle P, American College of Physicians; Sleep Apnea, 2013 Sept 24; 159;471-83.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014 Treatment of central sleep apnea.

**Decision rationale:** Per Medscape Internal Medicine, the treatment of central sleep apnea includes the following: Positive airway pressure therapy may be considered for the treatment of primary central sleep apnea syndromes. Positive airway pressure therapy includes continuous positive airway pressure (CPAP), bilevel positive airway pressure in a spontaneous-timed mode, and adaptive servo-ventilation. Adaptive servo-ventilation is a type of closed-loop mechanical ventilation that provides a breath-by-breath adjustment of inspiratory pressure support to regulate breathing patterns relative to a preset target. Although the literature is limited, positive airway pressure therapy can improve central respiratory events without significant risks, and is readily available. The quality of evidence for this recommendation is very low. Acetazolamide has limited supporting evidence, but may be considered for the treatment of primary central sleep apnea syndromes (Option). The overall quality of evidence for this recommendation is low. Use of acetazolamide has the potential to produce adverse effects, such as paresthesias, tinnitus, gastrointestinal symptoms, metabolic acidosis, electrolyte imbalance, and drowsiness. The use of Zolpidem (Ambien) and Triazolam (Halcion) may be considered for the treatment of primary central sleep apnea syndromes only if the patient does not have underlying risk factors for respiratory depression. (Option.) There is limited available evidence for this recommendation. Use of these medications may produce adverse effects, such as respiratory depression, and should be considered only as a last therapeutic option if other options are unsuccessful. Close clinical follow-up is required for patients using these hypnotic agents. There is no recommendation for the treatment of central sleep apnea with an oxygen concentrator. Medical necessity for the requested item is not established. The requested item is not medically necessary.

### **1 Oxygen Oximeter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Qaseem A Holly JE, Owns Dk, Dallas P, Starkey M, Shekelle P, American College of Physicians; Sleep Apnea, 2013 Sept 24; 159;471-83.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014 Treatment of central sleep apnea.

**Decision rationale:** Per Medscape Internal Medicine, the treatment of central sleep apnea includes the following: Positive airway pressure therapy may be considered for the treatment of primary central sleep apnea syndromes. Positive airway pressure therapy includes continuous positive airway pressure (CPAP), bilevel positive airway pressure in a spontaneous-timed mode, and adaptive servo-ventilation. Adaptive servo-ventilation is a type of closed-loop mechanical ventilation that provides a breath-by-breath adjustment of inspiratory pressure support to regulate

breathing patterns relative to a preset target. Although the literature is limited, positive airway pressure therapy can improve central respiratory events without significant risks, and is readily available. The quality of evidence for this recommendation is very low. Acetazolamide has limited supporting evidence, but may be considered for the treatment of primary central sleep apnea syndromes (Option). The overall quality of evidence for this recommendation is low. Use of acetazolamide has the potential to produce adverse effects, such as paresthesias, tinnitus, gastrointestinal symptoms, metabolic acidosis, electrolyte imbalance, and drowsiness. The use of Zolpidem (Ambien) and Triazolam (Halcion) may be considered for the treatment of primary central sleep apnea syndromes only if the patient does not have underlying risk factors for respiratory depression (Option). There is limited available evidence for this recommendation. Use of these medications may produce adverse effects, such as respiratory depression, and should be considered only as a last therapeutic option if other options are unsuccessful. Close clinical follow-up is required for patients using these hypnotic agents. There is no recommendation for the treatment of central sleep apnea with an oxygen concentrator therefore an oxygen oximeter is not required for monitoring. Medical necessity for the requested item is not established. The requested item is not medically necessary.