

Case Number:	CM15-0039381		
Date Assigned:	03/09/2015	Date of Injury:	05/25/2007
Decision Date:	04/20/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/02/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 63 year old female, who sustained an industrial injury on May 25, 2007. She has reported neck pain, right shoulder pain, and sleep difficulties. Diagnoses have included neck pain and right shoulder pain. Treatment to date has included injections and medications. A progress note dated January 6, 2015 indicates a chief complaint of continued neck pain and right shoulder pain. The treating physician documented a request for a Continuous Positive Airway Pressure machine to treat the injured worker's sleep apnea that was documented in the Agreed Medical Evaluation dated November 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPAP (continuous positive airway pressure) Machine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Indications for positive airway pressure treatment of adult obstructive sleep apnea patients: a consensus statement. (Loube DI, Gay PC, Strohl KP, Pack AI, White DP, Collop NA.) <http://www.ncbi.nlm.nih.gov/pubmed/10084504>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AHRQ- US Dept of Health Guidelines for Sleep Apnea.

Decision rationale: The IW has a BMI of 40. The MTUS and the ACOEM guidelines do not make a recommendation on CPAP or Sleep Apnea. According to the AHRQ cited above:
Recommendation 1: The American College of Physicians (ACP) recommends that all overweight and obese patients diagnosed with obstructive sleep apnea (OSA) should be encouraged to lose weight. Obesity is a risk factor for OSA, and evidence showed that intensive weight-loss interventions help reduce Apnea-Hypopnea Index (AHI) scores and improve OSA symptoms. Weight loss is also associated with many other health benefits other than for OSA. Other factors, such as alcohol and opiod use, may be associated with adverse outcomes in patients with sleep apnea, but these factors were not addressed in the evidence review.
Recommendation 2: ACP recommends continuous positive airway pressure (CPAP) treatment as initial therapy for patients diagnosed with OSA. In patients with excessive daytime sleepiness that have been diagnosed with OSA, CAPAP is the most extensively studies therapy. This treatment has been shown to improve the Epworth Sleepiness Scale (ESS) scores, reduce AHI and arousal index scores, and increase oxygen saturation. Due to pain and immobility, weight loss can be difficult. Simultaneous use of CPAP as initial therapy can improve sleep, increase energy, reduce daytime fatigue/anxiety and ultimately allow for improved medical improvement and weight loss. I respectfully disagree with the UR physician's assertion that CPAP was not medically necessary. The AME evaluation thoroughly established with their documentation that the OSA was industrial and that the use of CPAP is medically necessity.