

Case Number:	CM15-0067778		
Date Assigned:	04/15/2015	Date of Injury:	07/30/2006
Decision Date:	06/09/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/09/2015

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: 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 42-year-old who has filed a claim for chronic low back pain, neck pain, shoulder pain, and posttraumatic headaches reportedly associated with an industrial injury of July 30, 2006. In a Utilization Review report dated March 13, 2015, the claims administrator failed to approve a mandibular advancement device. A February 20, 2015 progress note and associated RFA form were referenced in the determination. Non-MTUS Chapter 7, ACOEM Guidelines were invoked in the determination and were, furthermore, mislabeled as originating from the MTUS. On February 20, 2015, the applicant was asked to remain off of work, on total temporary disability. The applicant presented with ongoing complaints of low back pain, groin pain, neck pain, shoulder pain, posttraumatic headaches, and associated insomnia. The applicant was on Fioricet, Klonopin, Cymbalta, Lunesta, meclizine, ranitidine, and Neurontin, it was reported. A mandibular advancement device was sought. The attending provider alluded to a polysomnogram of July 31, 2011 which was apparently positive and recommended a mandibular advancement device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mandibular Advancement Device (mouth): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Ferguson KA; Cartwright R; Rogers R et al. Oral Appliances for Snoring and Obstructive Sleep Apnea: A Review. SLEEP 2006; 29(2): 244-262. The efficacy of OAs was established for controlling OSA in some but not all patients with success (defined as no more than 10 apneas or hypopneas per hour of sleep) achieved in an average of 52% of treated patients.

Decision rationale: Yes, the proposed mandibular advancement device was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the American Academy of Sleep Medicine (AASM) notes that oral appliances (AKA mandibular advancement devices) achieve, on average, 52% success rate in applicants with obstructive sleep apnea. Here, the attending provider's progress note of March 25, 2015 did seemingly suggest that the applicant had polysomnographically-confirmed obstructive sleep apnea and that the polysomnographer had suggested introduction of an oral appliance. Introduction of the same was, thus, seemingly indicated, given the continued reports of insomnia evident on February 20, 2015. Therefore, the request was medically necessary.