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| Case Number: | CM15-0097005 | | |
| Date Assigned: | 05/27/2015 | Date of Injury: | 05/09/2003 |
| Decision Date: | 07/09/2015 | UR Denial Date: | 05/09/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 61 year old male, who sustained an industrial injury on 5/9/03. He reported low back pain. The injured worker was diagnosed as having lumbago, thoracic/lumbosacral neuritis/radiculitis, lumbar post laminectomy syndrome, lumbar intervertebral disc with myelopathy, lumbar/lumbosacral intervertebral disc degeneration, extrinsic asthma, and hypersomnia with sleep apnea. Treatment to date has included epidural injections, pool therapy, lumbar surgery in 2012, right knee surgery, physical therapy and medication. A physician's report dated 3/16/15 noted the injured worker reported improvement in sleep apnea or irregular nighttime breathing. The injured worker was using CPAP 8 hours per night. The injured worker noted he had lost 30 pounds in the last 10 years, was feeling better, and was wondering if he still has sleep apnea. Currently, the injured worker complains of low back pain, left hip pain, and left lower extremity pain. The treating physician requested authorization for a home sleep study and pulse oximetry measure blood oxygen level. Other requests included CPAP supplies including a full face mask, comfort flap, mask cushion, pillows, apnea mask, head gear, chin strap, tubing, disposable filter, and reusable filter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home sleep study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Established OSA-Follow Up Home Sleep Studies, Official Disability Guidelines, Pain, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chervin RD, et al. Approach to the patient with excessive daytime sleepiness. Topic 14892, version 10.0. UpToDate, accessed 07/04/2015. Collop N, et al. Out-of-center sleep testing for obstructive sleep apnea in adults. Topic 7694, version 18.0. UpToDate, accessed 07/04/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. A sleep study involves a person being connected to a variety of monitoring devices while he or she is asleep in order to measure and record many different body systems during sleep. This test is recommended for those with excessive daytime sleepiness when there is a concern for sleep-related breathing problems, limb movement disorders during sleep, sleep-related neurologic problems, or someone has problems with sleep that are not clear after a thorough history and examination are performed. Performing this study at home has the advantage of convenience, but fewer elements can be measured, which increases the risk of misdiagnosis. The literature and professional guidelines recommend using this approach when there is a high expectation of moderate to severe obstructive sleep apnea and no other medical or sleep problems, to assess the efficacy of an oral device for treatment, or to adjust the pressure therapy if continuous or automatically-adjusting pressure therapy is used. The submitted and reviewed documentation indicated the worker was experiencing pain the lower back, left hip and leg, and left leg weakness with numbness and tingling. There was no discussion describing the reason a home study was needed or special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a home sleep study is not medically necessary.

Pulse Ox measure blood oxygen level: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Established OSA-Follow Up Home Sleep Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chervin RD, et al. Approach to the patient with excessive daytime sleepiness. Topic 14892, version 10.0. UpToDate, accessed 07/04/2015. Collop N, et al. Out-of-center sleep testing for obstructive sleep apnea in adults. Topic 7694, version 18.0. UpToDate, accessed 07/04/2015.

Decision rationale: Pulse oximetry is one technique used to measure a person's blood oxygen level. The MTUS Guidelines are silent on this issue. A sleep study involves a person being connected to a variety of monitoring devices while he or she is asleep in order to measure and record many different body systems during sleep. This test is recommended for those with excessive daytime sleepiness when there is a concern for sleep-related breathing problems, limb movement disorders during sleep, sleep-related neurologic problems, or someone has problems

with sleep that are not clear after a thorough history and examination are performed. Performing this study at home has the advantage of convenience, but fewer elements can be measured, which increases the risk of misdiagnosis. The literature and professional guidelines recommend using this approach when there is a high expectation of moderate to severe obstructive sleep apnea and no other medical or sleep problems, to assess the efficacy of an oral device for treatment, or to adjust the pressure therapy if continuous or automatically-adjusting pressure therapy is used. The literature and guidelines strongly support that pulse oximetry alone should not be used in diagnosing suspected obstructive sleep apnea. The submitted and reviewed documentation indicated the worker was experiencing pain the lower back, left hip and leg, and left leg weakness with numbness and tingling. There was no discussion describing the reason pulse oximetry was needed or special circumstances that sufficiently supported this request. Therefore the request is not medically necessary.

CPAP supplies to include full face mask, comfort flap, mask cushion, pillows, apnea mask, head gear, chin strap, tubing, disposable filter and reusable filter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Established OSA-Follow Up Home Sleep Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dave NB, et al. Initiation of positive airway pressure therapy for obstructive sleep apnea in adults. Topic 7677, version 17.0. UpToDate, accessed 07/04/2015. Weaver T, et al. Adherence with continuous positive airway pressure (CPAP). Topic 7702, version 18.0. UpToDate, accessed 07/04/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. Obstructive sleep apnea is a condition that results in people not breathing enough or even stopping breathing while they are asleep. Treatment with positive airway pressure, either continuously (CPAP) or bilevel (BiPAP), while asleep is often helpful. However, this therapy is not always tolerated well. Left untreated, obstructive sleep apnea can result in serious complications over time. Managing the side effects of CPAP therapy and behavioral therapy can be helpful in maintaining adherence with this treatment. The submitted and reviewed documentation concluded the worker suffered from obstructive sleep apnea. These records suggested that treatment with CPAP was needed. These supplies need to be replaced periodically. However, there was no discussion detailing the reason these supplies required replacement at this time. In the absence of such evidence, the current request for continuous positive airway pressure (CPAP) unit supplies (comfort flap, headgear, chinstrap, disposable filter, humidifier, chamber, tubing, full face mask, apnea mask, mask cushion, and nasal pillows) is not medically necessary.