

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
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(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) **MAXIMUS Federal Services, Inc. has determined the requested sleep study is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/22/2013 disputing the Utilization Review Denial dated 5/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/23/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested sleep study **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Sleep Medicine and is licensed to practice in New York. 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 8, 2013.

#### **"MEDICAL RECORD SUMMARY:**

-04/10/13 [REDACTED] M.D.: Subjective; the patient reports that working in law enforcement has exposed him to intrinsically stressful situations, traumatic incidences, physical altercations and injuries as well as exposures throughout his 20 year career. The chronic stressors experienced have caused high blood pressure beginning in 2000, noted when he was being treated for an orthopedic injury and his blood pressure was noted to be elevated. Early in 2013, he awoke due to inability to breathe while asleep. He sought medical care and blood pressure was 200 / 134. He was advised to take Lisinopril 10mg as prescribed. Reports in early March, 2013, he experienced rapid heartbeat with associated chest pressure while driving after work; Urgent care visit noted a normal blood pressure and a normal EKG. Patient reported extreme fatigue and drowsiness. MD visit a week later noted B/P of 87/60. Lisinopril dosage cut by half to 5mg. Current medications include Lipitor 40mg daily, Lofibra 54 mg daily, Lisinopril 5mg daily and Zantac 30mg twice daily as needed and ASA 81mg daily. Objective: Ht. 5'7" Wt. 165 pounds. B/P: 128/81 HR 66, Neck: No jugular venous distention, no bruit noted. Cardiovascular exam reveals regular rate and rhythm without murmur, gallop or click. Lungs clear. Abdomen without hepatosplenomegaly or masses, no bruit. No evidence of edema in the extremities. Diagnosis: 1. Hypertension 2. Rule out CAD 3. Rule out sleep apnea disorder 4. Polycythemia, non-industrial. Treatment plan: EKG, echocardiogram, sleep study."

## Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review by [REDACTED] (dated 5/8/13)
- Request for Authorization by [REDACTED], MD (dated 5/1/13)
- Internal Medicine Consultation Review by [REDACTED], M.D. (dated 4/10/13)
- Official Disability Guidelines (ODG) – Pain Chapter: Polysomnography Section

### 1) Regarding the request for 1 sleep study:

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2013) - Pain Chapter: Polysomnography Section, which is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider cited the following medical journal articles: (1) *Chronic Stress and Hypertension*. Curr Hypertens Rep. 2010 Feb; 12(1):10-6.; (2) *Atypical Work Hours and Metabolic Syndrome Among Police Officers*. Arch Environ Occup Health, 2009 Fall; 64(3):194-201.; (3) *Effect of Occupational Stress on Hypertension*. Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi. 2009 Dec; 27(12):706-10.; (4) *Blood Pressure Reactivity to Psychological Stress Predicts Hypertension in the CARDIA Study*. Circulation, 2004 Jul 6; 110(1):74-8. Epub 2004 Jun 21.; and (5) *Environmental Influences on Blood Pressure and the Role of Job Strain*. J Hypertens Suppl. 1996 Dec; 14(5):S179-85.

The Expert Reviewer found that the guidelines used by the Claims Administrator do not address the employee's condition. The Expert Reviewer found that the guidelines adopted by the Administrative Director pursuant to Section 5307.27 (MTUS) do not apply to the employee's condition. Pursuant to the strength of evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service. The Expert Reviewer based his/her decision on the peer-reviewed medical journal article, Epstein LJ, Kristo D, Strollo PJ Jr, Friedman N, Malhotra A, Patil SP, et al.; *Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine*. J Clin Sleep Med. 2009 Jun 15;5(3):263-76. The Expert Reviewer used this peer-reviewed medical journal article because it is relevant and appropriate to the employee's requested treatment/service.

#### Rationale for the Decision:

The records received and reviewed show the employee awoke in early 2013 due to inability to breathe while asleep. The employee indicated that he experienced stressful situations, traumatic incidences, physical altercations and injuries, and exposures throughout his 20 year career in law enforcement. The utilization review noted chronic stressors experienced have caused high blood pressure.

The patient has little objective or subjective evidence for obstructive sleep apnea. The guidelines used by the Claims Administrator pertain to hypertension in the setting of occupational/workplace stress and do not address obstructive sleep apnea. The peer-reviewed medical journal article used by the Expert Reviewer does address obstructive sleep apnea.

The employee's medical records include documentation of only one consistent symptom, gasping arousals, which is a non-specific complaint. The employee's medical records do not show a history of snoring, witnessed apneas, nighttime sleep fragmentation, or daytime sleepiness to suggest sleep apnea. A record of the employee's full sleep history including sleep hours was not submitted for review. The employee's nasal and throat exams do not suggest a crowded airway that would raise suspicion for obstructive sleep apnea. The requested sleep study is not medically necessary and appropriate.

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.