

Case Number:	CM13-0054017		
Date Assigned:	12/30/2013	Date of Injury:	07/29/2010
Decision Date:	09/22/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/01/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48 year old male who suffered an industrial injury on 7/29/2010. A history of lumbar pain, lumbo-sacral radiculopathy, chronic pain, migraine headaches, obesity, impaired glucose tolerance, hyperlipidemia and obstructive sleep apnea is noted. He underwent a sleep study in April 2012 demonstrating severe sleep apnea with an Apnea-Hypopnea Index (AHI) of over 80. The injured worker was prescribed a continuous positive airway pressure (CPAP) device with pressure set at 14 centimeters of water. He was seen by a sleep medicine specialist in May 2013 and it was noted that the patient was using the CPAP device only 1.5 hours at a time at the most and only on a quarter of the days. According to the note of his internal medicine physician in June 2013, that explained the poor response to CPAP in terms of pain relief. It was the internal medicine provider's belief that the patient had poor response in terms of pain due to ongoing inadequate use of CPAP and resultant obstructive sleep apnea. In terms of chronic pain, the patient was only on Lyrica and Norco as of August 2013. No subsequent notes are available for review. Based on the record provided, the diagnosis of the patient was post laminectomy syndrome. The consultation and evaluation record of the sleep medicine specialist were not available for review. The most recent notes discussing sleep apnea were dated June 2013, by the Internal Medicine physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIPAP TITRATION SLEEP STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG PAIN, POLYSOMNOGRAPHY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice Parameters for CPAP and Bilevel PAP. SLEEP, Vol. 29, No. 3, 2006. American Academy of Sleep Medicine Report. Section 4.5.1 - "BiPAP is recommended as an option when a patient has trouble exhaling against a high pressure in a CPAP system".

Decision rationale: The injured worker has a diagnosis of obstructive sleep apnea (OSA) already, based on a sleep study performed in April 2012. He has been prescribed appropriate CPAP treatment and he has been largely non compliant as of June 2013 notations. The non compliance was based on awakening with pain and then finding it hard to go back to sleep. Additionally, the patient found himself becoming entangled in the tubes and wires that accompanied his CPAP. The request is for BIPAP titration study. Presumably, the request has been placed so as to enable the patient to transition to a BIPAP device. However, the rationale for using BIPAP therapy instead of CPAP therapy has not been provided. Therefore, the request is not medically necessary based on the information provided.