

Case Number:	CM14-0144421		
Date Assigned:	09/12/2014	Date of Injury:	05/14/2004
Decision Date:	10/07/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/05/2014

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 Geriatrics 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 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:

This case involves a female injured worker with a date of injury of 5/14/04. She was seen by her provider on 8/14/14 when she complained of shoulder pain right greater than left and she was status post 2 cervical spine epidural injections. She complained of increased anxiety, stress and depression. Her physical exam showed limited and painful range of motion in her shoulders with impingement. Her left elbow showed a positive Tinel's sign and flexion test. Her lumbosacral spine showed limited and painful range of motion. Her diagnoses were status post ACDF, lumbar strain/sprain, right shoulder internal derangement and left cubital tunnel syndrome. Review of older records indicates that she had impaired sleep due to pain, having difficulty falling asleep and awakening frequently throughout the night. She had a polysomnography test on 8/6/12 showing the longest event was a 39 second obstructive hypopnea with a minimum oxygen saturation of 87%. The medical plan included a prescription for a CPAP machine which is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C-PAP Machine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: UpToDate: Management of Obstructive Sleep Apnea in Adults

Decision rationale: This injured worker has a history of chronic shoulder and back pain. She had a prior sleep study showing desaturations in 2012. The American Academy of Sleep Medicine (AASM) recommends offering positive airway pressure therapy to all patients who have been diagnosed with obstructive sleep apnea. The diagnosis is not specified in this worker and the documentation of impaired sleep suggests it is related to pain. The current MD note requests a CPAP machine but does not address any respiratory symptoms, document current status, confirm a diagnosis of sleep apnea or attempts at treating other conditions, like pain that are impacting her sleep. The records do not support the medical necessity of a CPAP machine. Therefore, this request is not medically necessary.