

Case Number:	CM14-0146969		
Date Assigned:	09/15/2014	Date of Injury:	10/31/1996
Decision Date:	10/22/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/10/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 injured worker is a 65 year old female with a reported date of injury of October 31, 1996. Mechanism of injury is a slip and fall onto a cement floor, while performing the duties of her occupation as a food inspector, causing injury to the lower back. Diagnosis of lumbago (724.2) noted. Orthopedic office visit note, dated August 28, 2014, indicates injured worker has continued complaint of low back pain and bilateral lower extremity (LE) pain. She reports increased pain due to the long drive. This visit note indicates the injured worker is status post lumber surgery related to injury on October 31, 1996. This visit note also indicates the injured worker was recommended for Continuous Positive Airway Pressure (CPAP) at the March 13, 2013 office visit. The treating physician again recommends CPAP for diagnosis of obstructive sleep disorder, at the office visit on August 28, 2014. It was noted, at this office visit, that the injured worker continues to be unable to return to work. Prior utilization review denied request for 1 CPAP machine on September 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CPAP (continuous positive airway pressure) machine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Head, Sleep Aids; Mental illness& Stress, Insomnia, Insomnia treatment

Decision rationale: The claimant has had chronic low back pain. [REDACTED] made a request for a CPAP machine to treat Obstructive Sleep apnea on 1/15/13. However there is no objective evidence to make that diagnosis. It is not clear whether the claimant has ever had a Sleep Study/Polysomnography. There has never been a comprehensive Sleep History documented. ODG holds that Insomnia can be categorized as primary or secondary, then further delineation would help discern how best to treat the diagnosis. Without the sleep history and subsequent Sleep Study results the request for CPAP machine remains not medically necessary.