

<b>Case Number:</b>	CM13-0052407		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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 patient is a 52-year-old female who reported injury on 04/16/2013. The mechanism of injury was stated to be the patient was walking when a construction fence fell on her causing a metal pole to strike her over the left side of her face. The patient was noted to fall to the ground landing on the right side of her body and twisting her back. The patient was noted to be evaluated on 10/01/2013 where the patient was noted to have an Epworth test which revealed a score of 9 suggestive of daytime drowsiness which may lead to nocturnal obstructions of the airway. The patient was noted to undergo a diagnostic simulated snoring test which revealed the patient had a high degree of dorsalization of the tongue base and pharyngeal collapse at the tongue based level. It was opined that this was highly predicative that the patient had obstruction of the airway during sleep that would require immediate medical treatment. The patient's diagnosis was noted to be sleep related hypoventilation/hypoxemia in conditions classifiable elsewhere. The request was made for a nocturnal polysomnographic study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nocturnal polysomnographic study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Criteria for Polysomnography

**Decision rationale:** The Physician Reviewer's decision rationale: Official Disability Guidelines indicates the criteria for the use of Polysomnography include "(1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended." The clinical documentation submitted for review indicated the patient underwent an Epworth study. The clinical documentation indicated the patient had daytime drowsiness which per the physician could be due to nocturnal obstructions of the airway. The patient was noted to undergo a diagnostic simulated snoring test which revealed the patient had a high degree of dorsalization of the tongue base and pharyngeal collapse at the tongue based level. It was opined that this was highly predicative that the patient had obstruction of the airway during sleep that would require immediate medical treatment. However, there was a lack of documentation the patient had an insomnia complaint for at least 6 months that was unresponsive to behavioral interventions and sedative/sleep promoting medications and that a psychiatric etiology had been excluded. Given the above, the request for a nocturnal polysomnographic study is not medically necessary.