

<b>Case Number:</b>	CM13-0052601		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/06/2011
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Physical Medicine and Rehabilitation 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 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:

██████████ suffered a gunshot wound to the abdomen, during a robbery while working for ██████████ on 12/6/2011. She had abdominal surgical exploratory laparotomy, which was complicated by wound infection and abdominal hernia. She had an abdominal hernia repair on 7/23/2013, but her BMI of 36 complicated the hernia repair.. The repair became infected, which developed into a chronic wound with drainage production. On 9/20/2013, ██████████ ██████████ reported 6/10 pain and difficulty sleeping, she only sleep 4hrs/night. However, on sleeping screening 10/1/2013, she scored a 7 on an Epworth Sleepiness Scale, which was within normal range. On 10/18/2013, ██████████ reported increasing foul smelling drainage and severe 9/10 abdominal pain and difficulty sleeping, sleeping only 4hrs/night. Sleep screening is requested. On 10/18/2013, utilization review denied the request for a sleep study between 9/20/2013 and 12/1/2013, citing that ODG recommend " Polysomnograms" for a combination of excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, personality change, and insomnia for at least six months, but not for the sole complaint of snoring. There is no documentation that patient has excessive daytime somnolence, cataplexy, morning headaches, intellectual deterioration, or personality change related to a sleep disturbance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep study between 9/20/13 and 12/1/13: 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), Pain (Chronic).

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

**Decision rationale:** The Physician Reviewer's decision rationale: There is no documentation of (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)unresponsiveness to behavior intervention and sedative/sleep-promoting medications (7) psychiatric etiology has been excluded. (8) Insomnia complaint for at least six months (at least four nights of the week). A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended.