

Case Number:	CM13-0001983		
Date Assigned:	09/13/2013	Date of Injury:	03/11/2009
Decision Date:	01/13/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/18/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery, 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:

The patient is a 53-year-old female with a reported date of injury on 03/11/2009. The patient presented with neck pain, numbness, and headache on the right side of her scalp, pain over the thoracolumbar region, anxiety, depression, numbness and weakness on the right side of the body, headache, dizziness, and confusion. The patient was alert and oriented, and there was no nystagmus noted. The patient had diagnoses including posttraumatic headache, thoracic sprain/strain, lumbar degenerative disc disease, sacroiliac strain; diabetes, nonindustrial; and hypercholesterolemia, nonindustrial. The provider's treatment plan included a request for a brain stem auditory evoked response, visually evoked response, and a somatosensory evoked response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brain stem auditory evoke response: 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 Official Disability Guidelines (ODG), Section Head, Electrodiagnostic studies..

Decision rationale: The patient reported decreased hearing, difficulty sleeping, and problems with memory. The California MTUS guidelines and ACOEM do not address the diagnostic procedure. The Official Disability Guidelines (ODG) note indications for evoked potential responses (EP) in the TBI (traumatic brain injury) patient include: to determine an individual's more specific level of neurologic functioning in moderate/severe TBI, including the minimal responsive or vegetative state; Brain Stem Auditory Evoked Response (BSAER) may be used to assess damage to the brain stem, midbrain and other neural structures that govern hearing and/or balance. Within the provided documentation, the requesting physician's rationale for the request was unclear. Therefore, the request for brain stem auditory evoked response is not medically necessary and appropriate.

Visual evoked response: 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 Official Disability Guidelines (ODG), Section Head, Electrodiagnostic studies..

Decision rationale: The California MTUS guidelines and ACOEM do not address the diagnostic procedure. The Official Disability Guidelines (ODG) note indications for evoked potential responses (EP) in the TBI (traumatic brain injury) patient include: to determine an individual's more specific level of neurologic functioning in moderate/severe TBI, including the minimal responsive or vegetative state; Visual Evoked Potential (VEP) may be indicated in the event of compromised acuity or visual field defect. Within the provided documentation, it was unclear if the patient had compromised acuity or visual field defect. Additionally, the requesting physician's rationale for the request was unclear within the provided documentation. Therefore, the request for visual evoked response is not medically necessary and appropriate.

Somatosensory evoked response: 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 Official Disability Guidelines (ODG), Section Head, Electrodiagnostic studies..

Decision rationale: The California MTUS guidelines and ACOEM do not address the diagnostic procedure. The Official Disability Guidelines (ODG) note indications for evoked potential responses (EP) in the TBI (traumatic brain injury) patient include: to determine an individual's more specific level of neurologic functioning in moderate/severe TBI, including the minimal responsive or vegetative state. The guidelines note the use of Somatosensory Evoked Potential (SSEP) is not recommended, as they generally provide information that has already been obtained through other diagnostic procedures. Within the provided documentation, the requesting

physician's rationale for the request was unclear. Additionally, the guidelines note the use of visual evoked potential is not recommended, as they generally provide information that has already been obtained through other diagnostic procedures; therefore, the request for a somatosensory evoked response is not medically necessary and appropriate.