

Case Number:	CM13-0020505		
Date Assigned:	10/11/2013	Date of Injury:	08/29/2012
Decision Date:	01/16/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/05/2013

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 Oklahoma and 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 California MTUS guidelines and ACOEM do not specifically address the requested treatment. The ODG note the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The ODG note 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 did not indicate the rationale for the request. Additionally, the requesting physician did not include adequate assessment of significant symptoms that would indicate the patient's need for referral at this time. Therefore, the request for one (1) neurologist consultation for a brainstem auditory evoked response is neither medically necessary nor appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) outpatient neurologist consultation for a brainstem auditory evoked responses appropriate (BAER) test: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM

Guidelines Chapter 7 and the Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013 web-based edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Office visits.

Decision rationale: The California MTUS guidelines and ACOEM do not specifically address the requested treatment. The ODG note the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The ODG note 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 did not indicate the rationale for the request. Additionally, the requesting physician did not include adequate assessment of significant symptoms that would indicate the patient's need for referral at this time. Therefore, the request for one (1) neurologist consultation for a brainstem auditory evoked response is neither medically necessary nor appropriate.