

Case Number:	CM13-0034831		
Date Assigned:	12/11/2013	Date of Injury:	03/29/2010
Decision Date:	02/12/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/15/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 42-year-old male who reported an injury on 03/29/2010. The patient is currently diagnosed with epidural hematoma, concussion/closed head injury/postconcussion syndrome, anxiety with depression, and tinnitus. The patient was seen by [REDACTED] on 08/13/2013. The patient reported dizziness with decrease attention, concentration, short-term memory loss, tinnitus, severe depression, and insomnia. The patient also reported 10/10 throbbing headaches with severe left shoulder pain, numbness, and tingling. Physical examination revealed paraspinal spasm in the lumbosacral musculature with positive LasA"gue's testing bilaterally. The patient demonstrates mild decreased sensation in the C5-6 and L4 dermatomes with weakness in the left upper extremity. Treatment recommendations included and MRI/MRA of the brain, ENT consultation, orthopedic and psych consultation, lumbar support, TCD, SSEP, VER, ABR, physical therapy, and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar Supports

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Official Disability Guidelines state lumbar supports are not recommended for prevention, and are recommended for treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. As per the clinical notes submitted, the patient's physical examination only revealed paraspinal spasm on palpation of the lumbosacral musculature with positive LasA"gue's testing bilaterally. There was no documentation of significant instability. There is no evidence of spondylolisthesis or compression fractures. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.

Transcranial Doppler testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin, Transcranial Doppler Ultrasonography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter, Hyperventilation

Decision rationale: Official Disability Guidelines state special technologies such as intracranial Doppler testing is an option for treating intracranial pressure elevations. As per the clinical notes submitted, there is no indication that this patient is currently being worked up for any vascular pathology. The requesting provider does not discuss a rationale for this particular request. The patient's neurological examination revealed normal findings with the exception of the mental status examination. Based on the clinical information received, the request is non-certified.

Somatosensory evoked potentials testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter, Electrodiagnostic Testing

Decision rationale: Official Disability Guidelines state indicates for evoked potential responses in the TBI patient, include the need to determine and individuals more specific level of neurologic functioning and moderate to severe TBI, in which brainstem auditory evoked response may be used to assess damage to the brainstem, mid brain, and other neural structures that govern hearing and/or balance. Visual evoked potential may be indicated in the event of compromised acuity or visual field defect. Somatosensory evoked potential is not recommended as this test generally provides information that has already been obtained through other diagnostic procedures. As per the clinical notes submitted, the patient has undergone and MRI

of the brain on 06/04/2013, which indicated no evidence of abnormality within the brain. The patient's neurological examination on 08/13/2013 indicated normal findings, with the exception of the mental status examination. There is no evidence of compromised acuity or visual field defect. There is no indication of a suspicion for damage to the brainstem, mid brain, and other neural structures that are related to hearing. There is no rationale or discussion provided in the documentation for this request. The medical necessity has not been established. As such, the request is non-certified.

Visual evoked response testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter, Electrodiagnostic Testing.

Decision rationale: Official Disability Guidelines state indicates for evoked potential responses in the TBI patient, include the need to determine and individuals more specific level of neurologic functioning and moderate to severe TBI, in which brainstem auditory evoked response may be used to assess damage to the brainstem, mid brain, and other neural structures that govern hearing and/or balance. Visual evoked potential may be indicated in the event of compromised acuity or visual field defect. Somatosensory evoked potential is not recommended as this test generally provides information that has already been obtained through other diagnostic procedures. As per the clinical notes submitted, the patient has undergone and MRI of the brain on 06/04/2013, which indicated no evidence of abnormality within the brain. The patient's neurological examination on 08/13/2013 indicated normal findings, with the exception of the mental status examination. There is no evidence of compromised acuity or visual field defect. There is no indication of a suspicion for damage to the brainstem, mid brain, and other neural structures that are related to hearing. There is no rationale or discussion provided in the documentation for this request. The medical necessity has not been established. As such, the request is non-certified.

Auditory brainstem response testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter, Electrodiagnostic Studies

Decision rationale: Official Disability Guidelines state indicates for evoked potential responses in the TBI patient, include the need to determine and individuals more specific level of neurologic functioning and moderate to severe TBI, in which brainstem auditory evoked response may be used to assess damage to the brainstem, mid brain, and other neural structures that govern hearing and/or balance. Visual evoked potential may be indicated in the event of compromised acuity or visual field defect. Somatosensory evoked potential is not recommended

as this test generally provides information that has already been obtained through other diagnostic procedures. As per the clinical notes submitted, the patient has undergone and MRI of the brain on 06/04/2013, which indicated no evidence of abnormality within the brain. The patient's neurological examination on 08/13/2013 indicated normal findings, with the exception of the mental status examination. There is no evidence of compromised acuity or visual field defect. There is no indication of a suspicion for damage to the brainstem, mid brain, and other neural structures that are related to hearing. There is no rationale or discussion provided in the documentation for this request. The medically necessity has not been established. As such, the request is non-certified.