

<b>Case Number:</b>	CM13-0042722		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/10/2012
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	09/03/2013
<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 Neurology and has a subspecialty in Neuro-Oncology 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 64-year-old female who reported injury on 12/10/2012. The mechanism of injury was stated to be a student pushed the patient and she fell and hit her head on concrete. The patient was noted to undergo an MRI of the brain that revealed modest atrophy and microangiopathy on 05/03/2013. The patient was noted to have insomnia, anxiety, depression, constant daily diffuse severe headaches, dizziness, vertigo, visual blurring both eyes, imbalance, difficulty in ambulation severe cramping in the legs intermittent claudication in calves, numbness, tingling, fingers, hands, feet and toes. The patient's pupils were noted to be equal, round and reactive to light. The patient was noted to have severe occipital tenderness over the skull. Extraocular muscle movements were noted to have full range of motion. The vessels showed no narrowing or A-V nicking. There were noted to be no capillary aneurysms. The tympanic membranes were noted to be intact and the hearing was noted to be grossly intact. The patient was noted to have decreased moderate short-term memory, poor construction ability and severe depression. The cranial nerves were noted to be intact. The cerebellar examination revealed the patient had no ataxia or nystagmus. The patient's diagnoses were noted to be post closed head injury (CHI)/concussion/postconcussion syndrome and PT chronic venous insufficiency (CVI)/vertiginous syndrome. The request was made for neuropsychological testing, positron emission tomography (PET) scan of the brain, auditory brain stem response (ABR), visual evoked response (VER); single study evoked potential (SSEP), chiropractic treatment, Mobic, and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuropsychological testing: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396-397.

**Decision rationale:** ACOEM Guidelines indicate that in general, neuropsychological testing is not indicated early in diagnostic evaluation; however, it is most useful in assessing functional status or determining workplace accommodation in individuals with stable cognitive deficits. The clinical documentation submitted for review failed to indicate the rationale for the requested treatment. Given the above and the lack of documentation, the request for neuropsychological testing is not medically necessary.

**PET scan of the brain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

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

**Decision rationale:** Official Disability Guidelines indicate that PET scans are under study and that in all severities of traumatic brain injury, it is recommended that medical necessity in the clinical usefulness for the diagnostic study be justified. The patient was noted to have an MRI of the brain on 05/03/2013 which revealed modest atrophy and microangiopathy. However, there was a lack of documentation of medical necessity and clinical usefulness for the requested study. Given the above, the request for a PET scan of the brain is not medically necessary.

**Auditory Brain Stem Response (ABR) test: 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 Other Medical Treatment Guideline or Medical Evidence: <http://emedicine.medscape.com/article/836277-overview#aw2aab6b4> .

**Decision rationale:** Per Medscape.com, "Auditory brainstem response (ABR) audiometry is considered an effective screening tool in the evaluation of suspected retrocochlear pathology such as an acoustic neuroma or vestibular schwannoma." The tympanic membranes were noted to be intact and the hearing was noted to be grossly intact. The clinical documentation submitted

for review failed to provide the necessity and rationale for the requested service. Given the above, the request for auditory brain stem response (ABR) test is not medically necessary.

**Visual Evoked Response (VER) test: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Donnell J. Creel article: Visually Evoked Potentials.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:  
[http://www.hopkinsmedicine.org/healthlibrary/test\\_procedures/neurological/evoked\\_potentials\\_studies\\_92,P07658/](http://www.hopkinsmedicine.org/healthlibrary/test_procedures/neurological/evoked_potentials_studies_92,P07658/)

**Decision rationale:** Per Hopkinsmedicine.org, "Visual evoked response (VER) test. This test can diagnose problems with the optic nerves that affect sight. A disadvantage of these tests is that they detect abnormalities in sensory function, but usually do not produce a specific diagnosis about what is causing the abnormality." The patient's pupils were noted to be equal, round and reactive to light. The patient was noted to have severe occipital tenderness over the skull. Extra ocular muscle movements were noted to have full range of motion. The vessels showed no narrowing or A-V nicking. There were noted to be no capillary aneurysms. The clinical documentation submitted for review failed to provide the necessity and rationale for the requested service. Given the above, the request for visual evoked response (VER) test is not medically necessary.

**Single Study Evoked Potential (SSEP) test: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Intraoperative Neuropsychological Monitoring review article, Author: Leon K Liem, MD.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Intraoperative Monitoring and Other Medical Treatment Guideline or Medical Evidence: Resnick DK, Choudhri TF, Dailey AT, Groff MW, Khoo L, Matz PG, Mummaneni P, Watters WC 3rd, Wang J, Walters BC, Hadley MN

**Decision rationale:** Official Disability Guidelines indicate that SSEP monitoring is recommended during surgical procedures. Resnick, DK., et. al. (2005) state "The majority of clinically apparent postoperative nerve injuries are associated with intraoperative changes in SSEP and/or DSEP monitoring. For this reason, changes in DSEP/SSEP monitoring appear to be sensitive to nerve root injury." There was a lack of documentation indicating the necessity for the test and there was a lack of documentation indicating the patient was to undergo a surgical procedure. Given the above, the request for a single study evoked potential (SSEP) test is not medically necessary.

**Chiropractic 2 times per week for 6 weeks to the cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58,59.

**Decision rationale:** CA MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Also, the time to produce effect is indicated as 4 to 6 treatments several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The clinical documentation submitted for review failed to provide the number of sessions previously the patient has had. Additionally, it failed to provide the patient's objective functional response to treatment. Given the above, the request for chiropractic 2 times per week for 6 weeks to the cervical and lumbar spine is not medically necessary

**Mobic 15mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatories..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Mobic Page(s): 61.

**Decision rationale:** California MTUS Guidelines indicate that meloxicam is a nonsteroidal anti-inflammatory drug used for the relief of signs and symptoms of osteoarthritis. The patient was noted to be on this medication long-term. There is a lack of documentation indicating the necessity for long-term usage. Additionally, there was a lack of documentation indicating the efficacy of the requested medication. Given the above and the lack of documentation, the request for Mobic 15 mg, quantity not specified, is not medically necessary.

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

**Decision rationale:** California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the "4 A's." Additionally, there is a lack of documentation of quantity requested. Given the above, the request for Norco 10/325 mg is not medically necessary.