

Case Number:	CM14-0006067		
Date Assigned:	02/07/2014	Date of Injury:	03/08/2013
Decision Date:	06/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & 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 expert 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 69 year old female who was injured on 03/08/2013 when she was struck on the left side of her head by a basketball. Diagnostic studies reviewed include a CT of the brain without contrast revealing no evidence for mass, shift or bleed. Progress report dated 03/17/2013 documented the patient with complaints of recurrent left-sided headaches made worse by lying on her left side. She also refers to nausea and "headache" when she goes from supine to sitting or standing position and when she goes from standing position to leaning forward and look down. Patient denies hearing loss or tinnitus. Patient denied in-coordination or ataxia. She denies visual change. Her medications include Meclizine, Aleve and Aspirin. Objective findings to examination a history significant for high blood pressure with systolic at 187 mmHg. Exam of the head reveals patient is tender at the insertion of the left erector spinae muscle in the occipital protuberance. The left ear canal is erythematous without exudates. She is alert, oriented to person, time and situation. No focal neurological deficit observed. Normal motor observed. Normal speech and normal coordination observed. She is cooperative. Impression/Plan: Diagnosis: Tension headache. Acute labyrinthitis. There was only a UR application submitted but no documentation on the findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

AUDITORY BRAINSTEM RESPONSE (ABR): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 8 NECK AND UPPER BACK COMPLAINTS,

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: AMERICAN SPEECH LANGUAGE HEARING ASSOCIATION - [HTTP://WWW.ASHA.ORG/PUBLIC/HEARING/AUDITORY-BRAINSTEM-RESPONSE/](http://www.asha.org/public/hearing/auditory-brainstem-response/) MEDSCAPE - AUDITORY BRAINSTEM RESPONSE AUDIOMETRY; AUTHOR: NEIL BHATTACHARYYA, MD; CHIEF EDITOR: ARLEN D MEYERS, MD, MBA; [HTTP://EMEDICINE.MEDSCAPE.COM/ARTICLE/836277-OVERVIEW](http://emedicine.medscape.com/article/836277-overview)

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of dispute. According to the references, the auditory brainstem response (ABR) test gives information about the inner ear (cochlea) and brain pathways for hearing. This test is also sometimes referred to as auditory evoked potential (AEP). The test can be used with children or others who have a difficult time with conventional behavioral methods of hearing screening. The ABR is also indicated for a person with signs, symptoms, or complaints suggesting a type of hearing loss in the brain or a brain pathway. Auditory brainstem response (ABR) audiometry is a neurologic test of auditory brainstem function in response to auditory (click) stimuli. ABR audiometry is the most common application of auditory evoked responses. Test administration and interpretation is typically performed by an audiologist. The medical records document a legible examination from more than one year ago. The medical records do not include a recent evaluation which should include present subjective complaints, objective examination findings, and response to any relevant treatment interventions. The patient's brain CT was negative. According the provided records, the patient denied hearing loss or tinnitus, denied incoordination or ataxia, and denied visual change. Objective examination findings documented she is alert, oriented to person, time and situation, with no focal neurological deficit observed, she demonstrated normal motor, speech and coordination. The medical records provided to not document the existence any subjective complaints or corroborative clinical findings and observations that establish medical necessity of the requested study.

AUDITORY STEADY STATE RESPONSE (ASSR): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 8 NECK AND UPPER BACK COMPLAINTS,

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: CALIFORNIA EAR INSTITUTE - [HTTP://WWW.CALIFORNIAEARINSTITUTE.COM/AUDIOLOGY-SERVICES-ASSR-BAY-AREA-CA.PHP](http://www.californiaearinstitute.com/audiology-services-assr-bay-area-ca.php) J AM ACAD AUDIOL. 2012 MAR;23(3):146-70. DOI: 10.3766/JAAA.23.3.3. AUDITORY STEADY-STATE RESPONSES. KORCZAK P1, SMART

J, DELGADO R, STROBEL TM, BRADFORD C.
[HTTP://WWW.NCBI.NLM.NIH.GOV/PUBMED/22436114](http://www.ncbi.nlm.nih.gov/pubmed/22436114)

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of dispute. According to the referenced literature, Auditory Steady State Response (ASSR) is an objective test used for evaluation of hearing ability in children too young for traditional audiometric testing. Most children are referred for ASSR after a newborn hearing screen in the hospital indicates the possibility of hearing loss. This patient is not an infant/child. She denied hearing loss or tinnitus, and examination did not reveal any hearing deficits. The medical records do not establish the requested study is appropriate or medically necessary.

ELECTROSTAGNOGRAPHY (ENG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 8 NECK AND UPPER BACK COMPLAINTS,,

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: MEDLINE PLUS - ELECTROSTAGMOGRAPHY (ENG)
[HTTP://WWW.NLM.NIH.GOV/MEDLINEPLUS/ENCY/ARTICLE/003448.HTM](http://www.nlm.nih.gov/medlineplus/ency/article/003448.htm)

Decision rationale: The CA MTUS guidelines and ODG have not addressed the issue of dispute. According to the referenced literature, Electronystagmography (ENG) is a test that is used to determine whether a balance or nerve disorder is the cause of dizziness or vertigo. ENG is a test that looks at eye movements to see how well two nerves in the brain are working. These nerves are: 1) Acoustic nerve, which runs from the brain to the ears and 2) Oculomotor nerve, which runs from the brain to the eyes. Patches with electrodes are placed above, below, and on each side of your eyes, and another patch is attached to the forehead. The health care provider will deliver cold water or air into each ear at separate times. The patches record eye movements that occur when the inner ear and nearby nerves are stimulated by the water or air. When cold water enters the ear, you should have rapid, side-to-side eye movements called nystagmus. Next, warm water or air is placed into the ear. The eyes should now move rapidly toward the warm water then slowly away. Patients may also be asked to use their eyes to track objects, such as flashing lights or moving lines. The medical records document a legible examination from more than one year ago. The medical records do not include a recent evaluation which should include present subjective complaints, objective examination findings, and response to any relevant treatment interventions. The patient's brain CT was negative. According the provided records, the patient denied hearing loss or tinnitus, denied incoordination or ataxia, and denied visual change. Objective examination findings documented she is alert, oriented to person, time and situation, with no focal neurological deficit observed, she demonstrated normal motor, speech and coordination. The medical records provided to not document the existence any subjective complaints or corroborative clinical findings and observations that establish medical necessity of the requested study.

A&I: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER 8 NECK AND UPPER BACK COMPLAINTS,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: According to the CA MTUS/ACOEM guidelines, "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." A request has been submitted for various specialized tests and an "A&I", however, the medical records do not specify what an "A&I" involves. Without adequate documentation or description with rationale that supports the request, the medical necessity of an "A&I" is not established.