MAXIMUS Federal Services

Case Number:	CM14-0025945		
Date Assigned:	06/13/2014	Date of Injury:	09/28/2012
Decision Date:	10/21/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/28/2014

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 Family Medicine 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 injured worker is a 53 year old female who sustained traumatic brain injury on September 28, 2012. Clinical note dated 02/26/14 indicated the injured worker undergoing craniotomy. The injured worker stated she had fallen nine feet from a ladder. The injured worker was subsequently stabilized at a regional medical center where she was discovered to have had a left sided cerebral hemorrhagic contusion, left subdural hematoma, and refractory intracranial pressure. The injured worker underwent left sided front temporal hemi craniotomy craniectomy with left temporal tip lobectomy and subdural hematoma evacuation in 09/13. The injured worker remained intubated until transferred in 11/00. The injured worker underwent one on one coaching. The injured worker had complaints of ongoing headaches with decreased use of her upper extremities and lower extremities. The injured worker underwent acute rehabilitation which revealed which resulted in significant improvement in her agitation and behavior. The injured worker was subsequently weaned off of Seroquel and propranolol. The injured worker ambulated for up to distances of 200 feet two times with minimal to moderate assistance. A primary treating physician progress report, dated April 3, 2014, indicates the injured worker is temporary total disabled and in need of agreed medical evaluation for rating of permanent and stationary. Prior utilization review denied request for basic vestibular evaluation, per 01/22/14 form quantity: 1.00 and caloric irrigation, 4 units, per 01/22/14 form quantity: 1.00 on January 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Basic vestibular evaluation, per 1/22/14 form: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (updated 11/18/13), Vestibular studies

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, Vestibular studies

Decision rationale: The injured worker demonstrated functional deficits following traumatic brain injury and improvements with balance, and ambulation. The recommendation for vestibular studies is not indicated as no information was submitted regarding need for vestibular evaluation for ongoing care. It appears the injured worker has goals that have been placed in order to provide the injured worker with the most appropriate setting that is close to the family. Additionally, the injured worker appears to be making significant progress within the therapeutic setting. Given these factors, it is unclear how the injured worker will benefit from additional vestibular studies at this time. The request for basic vestibular evaluation is not medically necessary.

Caloric irrigation, 4 units, per 1/22/14 form QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Adaptation in the oculomotor response to caloric irrigation and the merits of bi-thermal stimulation(http://www.ncbi.nlm.nih.gov/pbmed/8589659)

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: 1.) Mitsuhiro Aoki, Yuzuru Sakaida, Kunihiko Tanaka, Keisuke Mizuta, Yatsuji Ito. Experimental Brain Research. March 2012, Volume 217, Issue 2, pp 251-259. Evidence for vestibular dysfunction in orthostatic hypotension. 2.) Timothy C. Hain, MD. Vestibular Testing. American Hearing Research Foundation. Last updated 9/2012

Decision rationale: The injured worker demonstrated functional deficits following traumatic brain injury and improvements with balance, and ambulation. The recommendation for vestibular studies is not indicated as no information was submitted regarding need for vestibular evaluation for ongoing care. It appears the injured worker has goals that have been placed in order to provide the injured worker with the most appropriate setting that is close to the family. Additionally, the injured worker appears to be making significant progress within the therapeutic setting. Given the lack of certification of vestibular evaluation the additional request is not medically necessary.

Sinusoidal vertical axis rotation testing, QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Vestibular evaluation- electronystagmography, rotational testing, and posturography (http://www.ncbi.nlm.nih.gov/pbmed/8261636)

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: 1.) Mingjia Dai, Sofronis Sofroniou, Mikhail Kunin, Theodore Raphan, Bernard Cohen. Experimental Brain Research. July 2010, Volume 204, Issue 2, pp 207-222. Motion sickness induced by off-vertical axis rotation (OVAR) 2.) Cyrus H. McCandless, Carey D. Balaban. Experimental Brain Research. April 2010, Volume 202, Issue 2, pp 271-290. Parabrachial nucleus neuronal responses to off-vertical axis rotation in macaques.

Decision rationale: The injured worker demonstrated functional deficits following traumatic brain injury and improvements with balance, and ambulation. The recommendation for vestibular studies is not indicated as no information was submitted regarding need for vestibular evaluation for ongoing care. It appears the injured worker has goals that have been placed in order to provide the injured worker with the most appropriate setting that is close to the family. Additionally, the injured worker appears to be making significant progress within the therapeutic setting. Given the lack of certification of vestibular evaluation the additional request for Sinusoidal vertical axis rotation testing qty: 100 is not medically necessary.