

Case Number:	CM14-0040653		
Date Assigned:	06/20/2014	Date of Injury:	01/19/2011
Decision Date:	07/17/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/13/2014

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 Neurology 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 (IW) is a 63 YO male with a reported date of injury of January 19, 2011. The mechanism of injury is described as a gait falling on the IW while attempting to replace the automated gait chain. The IW reported several contusions of the head, cervical through the lumbar spine, knee, elbow and wrist. The IW continues to report tinnitus, intermittent dizziness and accelerated hearing loss. An examination performed on February 17, 2014 revealed hearing loss when evaluated with finger friction. The IW did not exhibit nystagmus nor was there a complaint of either vertigo or feeling dizzy during the time of the examination. The Romberg test was also reported as negative (normal). The Neurologist reports his speech as normal. A previous request for an audiogram has already been approved, however, based on the records provided it is not clear if this test has been performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Auditory brainstem evoked response: 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 Official Disability Guidelines (ODG) Head procedures Brain Stem Auditory Evoked Response.

Decision rationale: The ODG (head) references the use of brain stem auditory evoked response to assess damage to the brainstem, midbrain and other structures that govern hearing and or balance. In this particular case, the IW does not report a balance problem at the time of the exam and the only abnormality found with the Neurological exam is decreased hearing. In addition, the neurological examination does not indicate other cranial nerve findings that would indicate brainstem (midbrain, pons, or medulla) pathology. Since an audiogram has already been approved and would be a sufficient evaluation of hearing loss, this additional test is not medically necessary.

Videonystagmography (VNG): 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 Official Disability Guidelines (ODG) Head procedures (Vestibular studies).

Decision rationale: The use of vestibular studies (in this case a Videonystagmography) are used to evaluate the vestibular portion of the inner ear in patients who are experiencing vertigo, unsteadiness, and dizziness and other balance disorders. This test also evaluates the associated eye reflexes that result in the visual perception of the body is moving. In this case, the IW does not report feeling dizzy at the time of the exam and is not reporting any difficulties with balance. His neurological examination does not reveal nystagmus and his Romberg Test is reported as normal. As such, there are no clinical findings to support obtaining this test and it is not medically necessary.

Audiogram: 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 Official Disability Guidelines (ODG) Head Procedures (audiogram).

Decision rationale: Per the ODG reference, audiometry is recommended following brain injury or when occupational hearing loss is suspected. In this case, an Audiogram has already been approved although the results are not provided (if performed). Since there is only one exam provided that reports decreased hearing, there does not seem to be sufficient evidence to warrant an additional audiogram. The request is not medically necessary.