

Case Number:	CM14-0076949		
Date Assigned:	07/18/2014	Date of Injury:	09/04/2013
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/27/2014

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 Emergency 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 56 year-old male, who sustained an injury on September 4, 2013. The mechanism of injury occurred when a large tree branch fell on him, striking his head, knocking him unconscious. Diagnostics have included: CT Brain/Cervical Spine dated September 4, 2013, reported as showing right fronto-parietal skull fracture continuous with right zygomatic arch fracture and adjacent epidural hematoma and right anterior temporal lobe subdural hematoma, right-sided C1 fracture; CT Scan head dated October 23, 2013 was reported as showing nasal septum deviation. Treatments have included: emergency admit/care, medications, physical therapy. The current diagnoses are: cervical spine strain/sprain, bilateral shoulder internal derangement, r/o right wrist internal derangement, lumbar spine strain/sprain, left foot pain, headaches, dizziness, post-injury visual disturbances and insomnia. The stated purpose of the request for 1 Polysomnogram was not noted. The request for 1 Polysomnogram was denied on May 1, 2014, citing a lack of documentation of insomnia of at least four days per week. The stated purpose of the request for 1 Audiology Testing was not noted. The request for 1 Audiology Testing was denied on May 1, 2014, citing a lack of documentation of suspected occupational hearing loss. The stated purpose of the request for 1 EEG (Electroencephalogram) was not noted. The request for 1 EEG (Electroencephalogram) was denied on May 1, 2014, citing a lack of documentation of failure to improve or clinical deterioration after initial assessment. Per the report dated April 9, 2014, the treating physician noted complaints of right-sided head pain with dizziness. Per the neurology report dated May 21, 2014, the provider noted 30% decrease in dizziness, headache improvement with Fioricet, blurred vision, left-sided hearing difficulty, insomnia and snoring. Objective findings included abnormal ESS (Epworth Sleepiness Score) score of 24 with increased snoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Polysomnogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Polysomnography.

Decision rationale: The requested 1 Polysomnogram is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines (ODG), Pain (Chronic), Polysomnography, noted that this study is "Recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders" and note the criteria for testing are: "Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended." The injured worker has 30% improved dizziness, lessened headaches with Fioricet, right sided-headaches, blurred vision, left-sided hearing loss, insomnia with snoring." The treating physician has documented an abnormal ESS score of 24 with increased snoring. The treating physician has not documented the following details: insomnia complaint of at least six months duration of at least four nights per week, trials of behavior intervention and sleep-promoting medications, exclusion of psychiatric etiology, excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change. The criteria noted above not having been met, 1 Polysomnogram, is not medically necessary.

1 Audiology Testing: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head(trauma, headaches, etc., not including stress & mental disorders), Audiometry.

Decision rationale: The requested 1 Audiology Testing, is medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines (ODG), Head, (trauma, headaches, etc., not including stress & mental disorders), Audiometry, note "Recommended following brain injury or when occupational hearing loss is suspected," and "Baseline audiometry following brain injury is indicated when the individual with TBI presents with hearing loss, dizziness, tinnitus, or facial nerve dysfunction." The injured worker has 30% improved dizziness, lessened headaches with Fioricet, right sided-headaches, blurred vision, left-sided hearing loss, insomnia with snoring. The treating physician has documented an abnormal ESS score of 24 with increased snoring. The request for 1 Audiology Testing was denied on May 1, 2014, citing a lack of documentation of suspected occupational hearing loss. Due to the history of work-related head injury, the medical necessity for a hearing test to rule-out occupational hearing loss has been established. The criteria noted above having been met, 1 Audiology Testing is medically necessary.

1 EEG (Electroencephalogram): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, (trauma, headaches, etc., not including stress & mental disorders), EEG (neurofeedback).

Decision rationale: The requested 1 EEG (Electroencephalogram), is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines (ODG), Head, (trauma, headaches, etc., not including stress & mental disorders), EEG (neurofeedback), note "If there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation." The injured worker has 30% improved dizziness, lessened headaches with Fioricet, right sided-headaches, blurred vision, left-sided hearing loss, insomnia with snoring. The treating physician has documented an abnormal ESS score of 24 with increased snoring. The treating physician has not documented a failure to improve or additional clinical deterioration. The criteria noted above not having been met, 1 EEG (Electroencephalogram) is not medically necessary.