

<b>Case Number:</b>	CM15-0003486		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	04/24/2014
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 50 year old male who sustained an industrial injury on 04/24/2014. Mechanism of injury was an automobile accident. Diagnoses include status post burn injuries, left elbow proximal half forearm, abdomen, right and left flank, anterolateral right hip/proximal thick, buttocks, perineum and dorsum genitalia requiring debridement and split-thickness skin grafting procedures from thoracolumbar and bilateral anterior thick harvest sites, cervical spine sprain/strain with bilateral upper extremity radiculitis, left elbow sprain/ strain, lumbar spine sprain, and moderate bilateral carpal tunnel syndrome, and traumatic brain injury. Treatment to date has been medications, occupational therapy, home exercise program. He has continued pain over the cervical spine radiating to the shoulders, rated 5 out of 10. The lumbar spine has continued pain with radiation to the groin region, bilaterally with increased difficulty getting in and out of the vehicle, and pain is rated 5 out of 10. Treatment requested is for Formal Neuropsychological Testing and Cognitive Rehabilitation, Magnetic Resonance Imaging of the brain without contrast, and vestibular evaluation. On 12/26/2014 Utilization Review non-certified the request for Magnetic Resonance Imaging of the brain without contrasts citing Official Disability Guidelines. Utilization Review dated 12/26/2014 modified the request for Formal Neuropsychological Testing and Cognitive Rehabilitation to 1 formal neuropsychological testing, with the cognitive rehabilitation portion non-certified. Cited was Official Disability Guidelines. Regarding the request for vestibular evaluation, the Utilization Review dated 12/26/2014 non-certified the request for vestibular evaluation citing Official Disability Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Magnetic Resonance Imaging (MRI) Scan of the Brain without Contrast:** 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), Head

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Brain, MRI

**Decision rationale:** ODG states “Neuroimaging is not recommended in patients who sustained a concussion/mild TBI beyond the emergency phase (72 hours post-injury) except if the condition deteriorates or red flags are noted. (Cifu, 2009) See also Diffusion tensor imaging (DTI).” THE MTUS is silent on brain MRIs. ODG provides additional indications for magnetic resonance imaging: To determine neurological deficits not explained by CT, To evaluate prolonged interval of disturbed consciousness, To define evidence of acute changes super-imposed on previous trauma or disease. The treating physician does not provide documentation of neurological deficits, prolonged interval of disturbed consciousness or evidence of acute changes super-imposed on previous trauma or disease. The documentation provided does not indicate any red-flag symptoms that would warrant the need for further imaging. The patient has had multiple previous MRIs which the provider has not made attempts to obtain. As such, the request for MRI Scan of the Brain without Contrast is not medically necessary.

### **Formal Neuropsychological Testing and Cognitive Rehabilitation:** 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), Head

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cognitive therapy, Neuropsychological testing

**Decision rationale:** Recommended for severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days. For concussion/ mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate. Neuropsychological testing should only be conducted with reliable and standardized tools by trained evaluators, under controlled conditions, and findings interpreted by trained clinicians. Moderate and severe TBI are often associated with objective evidence of brain injury on brain scan or neurological examination (e.g., neurological deficits) and objective deficits on neuropsychological testing, whereas these evaluations are frequently not definitive in persons with concussion/Mtbi.

### **Vestibular Evaluation:** 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), Head

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head, Vestibular studies

**Decision rationale:** The MTUS is silent on vestibular studies. The ODG states that is it, “Recommended as indicated below. Vestibular studies assess the function of the vestibular portion of the inner ear for patients who are experiencing symptoms of vertigo, unsteadiness, dizziness, and other balance disorders. The vestibular portion of the inner ear maintains balance through receptors that process signals produced by motions of the head and the associated responsive eye reflexes that result in the visual perception of how the body is moving. Vestibular function studies should be performed by licensed audiologists or a registered audiology aide working under the direct (physically present) supervision of the audiologist. Alternately, they can be performed by a physician or personnel operating under a physician's supervision. Clinicians need to assess and identify vestibular impairment following concussion using brief screening tools to allow them to move patients into targeted treatment tracks that will provide more individualized therapies for their specific impairments. Patients with mild traumatic brain injury (TBI) often complain of dizziness. However, these problems may be undetected by a clinical exam. Balance was tested using computerized dynamic posturography (CDP). These objective measurement techniques should be used to assess the clinical complaints of imbalance from patients with TBI.”The medical records fail to document subjective or objective complaints of dizziness in the requesting provider’s notes and the neurology notes. The only documentation note is in the assessment and plan were there a request for vestibular testing due to dizziness. At this time due the lack of subjective or objective complaints of dizziness or vertigo, the request for vestibular testing is not medically necessary.