

Case Number:	CM15-0182816		
Date Assigned:	10/01/2015	Date of Injury:	09/12/2013
Decision Date:	12/01/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/17/2015

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: California

Certification(s)/Specialty: Otolaryngology

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 52 year old male, who sustained an industrial injury on 9-12-2013. Medical records indicate the worker is undergoing treatment for a blast injury to the ears. The only progress report dated 7-20-2015, reported the injured worker complained of tinnitus and hearing loss. Physical examination revealed clear auditory canals and intact cranial nerves (2-7 and 9-12). Audiogram reveals significant cochlear loss in the left ear and high frequency cochlear loss on the right ear. Treatment to date has included hearing aids. The physician is requesting ECOG (Electrocochleography), ABR (Auditory Brainstem Response), Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording, Positional nystagmus test, minimum of 4 positions, with recording, Caloric vestibular test, Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording, Use of vertical electrodes and MRI of the brain, temporal bones, IAC's. On 9-2-2015, the Utilization Review noncertified the request for ECOG (Electrocochleography), ABR (Auditory Brainstem Response), Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording, Positional nystagmus test, minimum of 4 positions, with recording, Caloric vestibular test, Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording, Use of vertical electrodes and MRI of the brain, temporal bones, IAC's.

IMR ISSUES, DECISIONS AND RATIONALES

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

ECOG (Electrocochleography): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov, Electrography: methods and clinical applications, Ruth RA, Lambert PR, Ferraro JA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dirks D and Morgan D. Auditory Brainstem Response and Electrocochleographic Testing. Chapter 13 in The Ear, Comprehensive Otology, Lippincott, 2000, pages 237-240.

Decision rationale: Per citation above, ECOG may be used in evaluation of Meniere's disease, determination of cochlear reserve in patients with maximal conductive components to their hearing loss and for intraoperative monitoring. This patient has known etiology of his hearing loss and ECOG is not medically indicated to further delineate this. The request is not medically necessary.

ABR (Auditory Brainstem Response): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov, Effects of conductive hearing loss on auditory brainstem response, McGee TH, Clemis JD.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dirks D and Morgan D. Auditory Brainstem response and Electrocochleography Testing. Chapter 13 in The Ear, Comprehensive Otology, Lippincott, 2000, pages 232-236.

Decision rationale: Per above citation, ABR is utilized mainly for differentiating between cochlear and 8th nerve disorder. This patient has known etiology of his hearing loss, have been exposed to a blast of noise just prior to symptom onset. ABR does not add anything to his evaluation and, thus, is not medically necessary.

Spontaneous nystagmus test, including gaze and fixation nystagmus, w/recording: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov (Infrared videonystagmography in vestibular diagnosis), Frisina Al, Piazza F, Quaranta N.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bojrab D, Bhansali S. Objective evaluation of a patient with Dizziness, Chapter 9 in The Ear, Comprehensive Otology, Lippincott 2000, pages 181-190.

Decision rationale: Per citation above, Spontaneous nystagmus testing is part of a battery of tests encompassed by ENG or VNG. This testing may be used after thorough history is taken if further information is needed to determine if a disorder is central or peripheral, to localize side of lesion or to support a clinical diagnosis. Minimal history is given for this patient and it is not clear what information is being sought by having this testing done. As such, there is no medical indication for spontaneous nystagmus testing. The request is not medically necessary.

Positional nystagmus test, minimum of 4 positions, with recording: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov (Infrared videonystagmography in vestibular diagnosis), Frisina AI, Piazza F, Quaranta N.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bojrab D, Bhansali S. Objective Evaluation of a patient with Dizziness, Chapter 9 in The Ear, Comprehensive Otology, Lippincott, 2000, pages 181-190.

Decision rationale: Positional Nystagmus testing is part of a battery of vestibular testing encompassed by ENG or VNG. As with the spontaneous nystagmus test, per above citation, these tests are traditionally done to clarify site of lesion of vertiginous symptoms. This testing is done after a thorough history is taken if there is still need for clarification. The minimal history given in clinician's notes does not support medical necessity for positional nystagmus testing. The request is not medically necessary.

Caloric vestibular test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov (Infrared videonystagmography in vestibular diagnosis), Frisina AI, Piazza F, Quaranta N.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bojrab D, Bhansali S. Objective Evaluation of a Patient with Dizziness, Chapter 9 in The Ear, Comprehensive Otology. Lippincott 2000, pages 181-190.

Decision rationale: Per citation above caloric vestibular test is part of a battery of testing done to determine more specifically site or sidedness of a lesion causing vertigo. This testing is done after thorough history is taken to formulate diagnostic impression. Information given in clinician's notes is sparse and does not indicate medical need for this testing to be done. The request is not medically necessary.

Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov (Infrared videonystagmography in vestibular diagnosis), Frisina AI, Piazza F, Quaranta N.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bojrab D, Bhansali S. Objective Evaluation of a Patient with Dizziness. Chapter 9 in The Ear, Comprehensive Otolaryngology, Lippincott 2000, pages 181-190.

Decision rationale: Per citation above, optokinetic nystagmus testing is another test encompassed in a battery of vestibular tests called electronystagography or vestibulonystagography. This testing is done to further delineate site of lesion in vertiginous patients after thorough history and diagnostic impression is formulated. The sparse history given in records provided does not support medical necessity for this type of testing. The request is not medically necessary.

Use of vertical electrodes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov (Infrared videonystagmography in vestibular diagnosis), Frisina AJ, Piazza F, Quaranta N.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bojrab D, Bhansali S. Objective Evaluation of a Patient with dizziness, Chapter 9 in The Ear, Comprehensive Otolaryngology, Lippincott 2000, pages 181-190.

Decision rationale: The addition of the use of vertical electrodes to the battery of vestibular testing allows for better delineation of vertical component of nystagmus. Like the remainder of the vestibular tests requested in this case, there is no documentation in the history to support medical necessity. The request is not medically necessary.

MRI of the brain, temporal bones, IAC's: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head-online version, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head/MRI.

Decision rationale: Per ODG citation indication for MRI include determination of neurologic defects not explained by CT, evaluation of prolonged interval of disturbed consciousness and delineation of acute changes super-imposed on previous trauma or disease. The given history does not indicate any details regarding this patient's vertigo, i.e. time frame - is it an acute change? Therefore, the request for MRI in this case is not medically necessary.