

<b>Case Number:</b>	CM13-0065252		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/18/2013
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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: Family Practice

### 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 32-year-old male who reported an injury on 08/12/2012. The injured worker reportedly suffered head trauma after being attacked by a coworker. The current diagnoses include post-traumatic low back pain, rule out S1 radiculopathy, post-traumatic right shoulder dislocation, post-traumatic middle ear trauma, post-trauma TMJ pain, and post-traumatic facial and nasal fracture rule OSA. The injured worker presented on 11/27/2013 with complaints of increased nasal congestion, dizziness, chest pain, right upper extremity pain with numbness and decreased range of motion, headaches, vertigo, disequilibrium, irritability, nose pain and congestion, and jaw pain. Upon examination there was decreased range of motion of the lumbar spine, positive straight leg raise, positive Rhomberg test, positive Barany Hallpike, sternal tenderness to palpation, slurred speech, dysarthria, overbite, TMJ tenderness to palpation bilaterally, 45 degrees right shoulder abduction, decreased sensation in the right upper extremity at the C6 dermatome, and decreased brachial radialis deep tendon reflex. The injured worker was noted to be utilizing Ultram 50 mg and Fioricet. Recommendations at that time included a course of physical therapy for the right upper extremity, a referral to an orthopedic surgeon for the right shoulder, an ENT evaluation for nasal congestion, electrodiagnostic studies of the bilateral upper and lower extremities, a polysomnogram, continuation of the current medication regimen, and an ENG, audiology, BAER, and OAE test. There was no request for authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ENG (Electronystagmography): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/10064649>

**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, Electrodiagnostic studies

**Decision rationale:** The Official Disability Guidelines recommend electrodiagnostic studies as indicated. The BSAER and VEP testing may be used to assess damage to the brainstem, mid brain and other neural structures that govern hearing and/or balance as well as in the event of compromised acuity or visual field defect. Although the injured worker reported subjective complaints of disequilibrium, the injured worker was pending authorization for a referral to an ENT specialist. The injured worker had an increase in nasal congestion with associated symptoms and objective evidence of nasal speech. Results from the ENT evaluation should be submitted prior to the request for additional electrodiagnostic testing. Given the above, the request is not medically appropriate in this case.

**BAER (Brain Stem Auditory Evoked Response): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://ncbi.nlm.nih.gov/pubmed/1860995>

**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, Electrodiagnostic studies

**Decision rationale:** The Official Disability Guidelines recommend electrodiagnostic studies as indicated. The BAER and VEP testing may be used to assess damage to the brainstem, mid brain and other neural structures that govern hearing and/or balance as well as in the event of compromised acuity or visual field defect. Although the injured worker reported subjective complaints of disequilibrium, the injured worker was pending authorization for a referral to an ENT specialist. The injured worker had an increase in nasal congestion with associated symptoms and objective evidence of nasal speech. Results from the ENT evaluation should be submitted prior to the request for additional electrodiagnostic testing. Given the above, the request is not medically appropriate in this case.

**OAE (Otoacoustic Emission) Testing: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/1860995>

**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, Audiometry

**Decision rationale:** The Official Disability Guidelines recommend audiometry following a brain injury or when occupational hearing loss is expected. In this case, there was no documentation of occupational hearing loss. While it is noted that the injured worker reported dizziness and disequilibrium, the injured worker is also noted to be pending and ENT evaluation for nasal congestion. The injured worker has increased nasal congestion with associated symptoms and objective evidence of nasal speech. Results from the ENT evaluation should be submitted prior to the consideration for additional testing. Given the above, the request is not medically appropriate.

**AUDIOLOGY:** 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 Chapter, Audiometry

**Decision rationale:** The Official Disability Guidelines recommend audiometry following a brain injury or when occupational hearing loss is expected. In this case, there was no documentation of occupational hearing loss. While it is noted that the injured worker reported dizziness and disequilibrium, the injured worker is also noted to be pending and ENT evaluation for nasal congestion. The injured worker has increased nasal congestion with associated symptoms and objective evidence of nasal speech. Results from the ENT evaluation should be submitted prior to the consideration for additional testing. Given the above, the request is not medically appropriate.