

<b>Case Number:</b>	CM15-0113672		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 58-year-old male, who sustained an industrial injury on 1/21/2013. He reported falling approximately twenty-eight feet off a ladder subsequently requiring inpatient care followed by three months at an inpatient care center. Diagnoses include history of blunt head trauma and cerebral concussion, post traumatic head syndrome, vertigo secondary to basal skull fracture, anxiety and depression, sleep disturbance secondary to pain, lumbar compression fracture, multiple facial trauma, left frontal lobe subarachnoid hemorrhage, resolved, contusion of left temporal lobe and right temporal lobe, and basal skull fracture. Treatments to date include medication management, physical therapy, Botox injections, acupuncture treatments, and epidural steroid injections. Currently, he had multiple complaints including memory loss and difficulty with word finding, double vision, slurred speech, hearing loss, dizziness/vertigo, headaches, facial pain, lower extremity weakness, and ongoing chronic pain in the neck, low back, and bilateral shoulders. On 5/7/15, the physical examination documented tenderness and severe muscle spasm to the lumbar region. The appeal request was to authorize a 3T MRI of the brain with DTI, ASL, MPRAGE, and resting BOLD and MRI; EEG testing; electromyogram and nerve conduction studies (EMG/NCS) of bilateral lower extremities; and NCS for the upper extremities; a Home electric stimulation unit; Vestibular rehabilitation and hearing aid; and follow up visit with dentistry.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3T MRI of the brain, with DTI, ASL, MPRAGE and resting BOLD and MRI: 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 Chapter, 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 (trauma, headaches, etc., not including stress & mental disorders), MRI (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines state that indications for magnetic resonance imaging of the brain are: 1) To determine neurological deficits not explained by CT, 2) To evaluate prolonged interval of disturbed consciousness, and 3) To define evidence of acute changes super-imposed on previous trauma or disease. There is no documentation of acute changes or neurologic deficits. 3T MRI of the brain, with DTI, ASL, MPRAGE and resting BOLD and MRI is not medically necessary.

**Electroencephalogram 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, Head Chapter, EEG (neurofeedback).

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

**Decision rationale:** According to the Official Disability Guidelines, an EEG is not generally indicated in the immediate period of emergency response, evaluation, and treatment. Following initial assessment and stabilization, the individual's course should be monitored; however, indication for EEG is if there is failure to improve or additional deterioration following initial assessment and stabilization. EEG may aid in diagnostic evaluation. This patient has failed to recover completely since the initial assessment. I am reversing the previous utilization decision. Electroencephalogram testing is medically necessary.

**Electromyography/Nerve Conduction Studies of Bilateral Upper Extremities and Bilateral Lower Extremities: 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) Neck and Upper Back (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** Recommended (needle, not surface) as an option in selected cases. EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. Original reviewer modified request to allow for testing of the bilateral upper extremities and deny the bilateral lower extremities. Electromyography/Nerve Conduction Studies of Bilateral Upper Extremities and Bilateral Lower Extremities is not medically necessary.

**Home Electrical Stimulation unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Electrical Stimulators (E-Stim).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens Page(s): 116.

**Decision rationale:** The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed. Home Electrical Stimulation unit is not medically necessary.

**Vestibular Rehabilitation, frequency and duration unspecified:** 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 Chapter, Vestibular Physical Therapy Rehabilitation.

**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), Vestibular studies.

**Decision rationale:** According to the Official Disability Guidelines, 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. There is no documentation of studies to confirm vestibular dysfunction. Vestibular Rehabilitation, frequency and duration unspecified is not medically necessary.

**Hearing Aid:** 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 Chapter, Hearing Aids.

**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) Hearing aids.

**Decision rationale:** The Official Disability Guidelines recommend hearing aids for sensorineural hearing loss. However, hearing aids should be recommended by an otolaryngologist or a qualified audiologist, and prior authorization should be required for hearing aids costing more than [REDACTED] per ear including hearing aid evaluation, fitting and purchase of hearing aids, once every four years. Hearing Aid is not medically necessary.

**Follow Up with Dentist:** 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 ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, Page 132.

**Decision rationale:** According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation of problems with the patient's teeth and does not support a referral request. Follow Up with Dentist is not medically necessary.