

Case Number:	CM13-0030916		
Date Assigned:	11/27/2013	Date of Injury:	05/05/2012
Decision Date:	08/19/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/02/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 38-year-old female who reported an injury on 05/05/2012. The injury was noted to be an electrical injury. Her treatments included medications, chiropractic care, rehabilitation therapy, and surgery. Her diagnoses were noted to be late effect burns and electrical current symptomatology. The injured worker had a clinical evaluation on 11/14/2013. She had complaints of constant neck pain, headaches, depression, and decreased sleep. A physical examination was not included with this primary treating physician's report. The plan was for the injured worker to start tapering off her Keppra. The provider's rationale for the request was not provided within the documentation. A Request for Authorization for Medical Treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ELECTRONYSTAGMOGRAM: 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 Other Medical Treatment Guideline or Medical Evidence: Johns Hopkins Medicine, Health Library.

Decision rationale: Electronystagmography is used to evaluate people with vertigo and certain other disorders that affect hearing and vision. Electrodes are placed at locations above and below the eye to record electrical activity. By measuring the changes in the electrical field within the eye, ENG can detect nystagmus in response to various stimuli. If nystagmus does not occur on stimulation, a problem may exist within the ear, nerves that supply the ear, or certain parts of the brain. This test may also be used to distinguish between lesions in various parts of the brain and nervous system. The documentation submitted for review fails to provide an adequate neurological assessment. More information would be necessary to determine if the injured worker has a medical necessity for an electronystagmogram. Therefore, the request for 1 electronystagmogram is not medically necessary and appropriate.