

Case Number:	CM13-0046444		
Date Assigned:	12/27/2013	Date of Injury:	12/02/2008
Decision Date:	08/19/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 59-year-old male who reported an injury on 12/02/2008. The mechanism of injury occurred when the injured worker was standing next to a forklift that was offloading a large palm tree which came off the forklift and forcefully hit his left shoulder causing him to hit the forklift with his right shoulder and fall, landing flat on his back on an asphalt surface. The injured worker complained of pain to his neck that radiated to both arms, which he rated 8/10. The permanent and stationary report dated 04/09/2013 noted the injured worker was evaluated by a neurologist on 09/20/2011 for headaches, dizziness, and cognitive problems. It was noted the injured worker was diagnosed with posttraumatic cephalgia and dizziness, right cerebral cortical contusion, cognitive problems, and sleep disturbance. The injured worker had an MRI of the cervical spine, lumbar spine, and bilateral shoulders on 02/25/2010 and 12/14/2010. He had an EMG/NCV of the upper and lower extremities on 02/25/2010 and 12/17/2010. An MRI of the brain was performed on 08/20/2011. On 09/27/2011, the injured worker had an MRI and an MRA of the brain with and without contrast. The MRA of the brain on 09/27/2011 revealed an asymmetric enlargement of the left lateral ventricle, with midline shift to the right that was of uncertain etiology. The MRI scan of the brain without and without contrast performed on 09/27/2011 revealed no mass lesion or other source of obstruction. The injured worker had diagnoses of cervical spine herniated nucleus pulposus, status post right shoulder surgery, left shoulder rotator cuff tear, and left knee internal derangement. The injured worker's past treatment methods included physical therapy, lumbar epidural injections, cortisone injections, anti-inflammatory medications, a home exercise program, physiotherapy, acupuncture, and right shoulder surgery on 07/22/2010. The injured worker's medications included Lorcet plus 7.5/650 mg; Anaprox 650 mg; Flexeril 7.5 mg; Protonix 20 mg; and Xoten-C pain relief gel 120 ml. The physician's treatment plan included recommendations for the injured worker to maintain an

active exercise program, to increase range of motion in joints, and to be integrated into a productive workforce. The requesting physician did not provide a rationale. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA OF BRAIN: 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 Procedure Summary.

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

Decision rationale: The request for an MRA of the brain is not medically necessary . The injured worker has a history of pain to the neck, bilateral shoulders, low back, and bilateral knees. The documentation also indicates the injured worker also has a history of sleep disturbances, headaches, and unspecified cognitive issues. The Official Disability Guidelines state that MRAs are recommended for a closed head injury, to rule out carotid or vertebral artery dissection; penetrating injury, stable, neurologically intact; and for minor or mild acute closed head injury, focal neurologic deficit and/or risk factors, if vascular injury is suspected, for problem solving. The injured worker had an MRA of the brain on 09/27/2011, followed by an MRI of the brain with and without contrast. The findings of the MRA revealed an enlargement of the left lateral ventricle, while the MRI findings showed no mass lesion or other sources of obstruction. The requesting physician did not provide current documentation including an adequate and complete assessment of the injured worker that would indicate a change in subjective and objective findings which would indicate the injured worker's need for additional diagnostic imaging. In addition, the requesting physician did not provide a clear rationale for the request. Due to the lack of documentation, the request is not medically supported at this time. Given the above, the request for an MRA of the brain is not medically necessary .

VIDEONYSTAGMOGRAPHY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD: Vertigo.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Author, Piotr Pietkiewicz, Author, Renata Pepa Author, Wiesaw J., Author, Sukowski, Author, Hanna Zieliska-Bliniewska, & Author, Jurek Olszewski (2012). Electronystagmography versus videonystagmography in diagnosis of vertigo. International Journal of Occupational Medicine and Environmental Health, Volume 25, Issue 1, pp 59-65.

Decision rationale: The request for videonystagmography is not medically necessary . The injured worker has a history of pain in the neck, bilateral shoulders, low back, and bilateral knees. The documentation also indicates the injured worker also has a history of sleep disturbances, headaches, and unspecified cognitive issues. In an article authored by Pietkiewicz et al., it was noted that the results suggest that the VNG should be recommended in preference as the valuable method to assess vertigo and to discriminate between the peripheral and the central vestibular lesions. The injured worker had an MRA of the brain on 09/27/2011, followed by an MRI of the brain with and without contrast. The findings of the MRA revealed an enlargement of the left lateral ventricle, while the MRI findings showed no mass lesion or other sources of obstruction. The requesting physician did not provide current documentation including an adequate and complete assessment of the injured worker that would indicate a change in subjective and objective findings which would indicate the injured worker's need for additional diagnostic studies. There is a lack of documentation indicating the injured worker has significant vertigo. In addition, the requesting physician did not provide a clear rationale for the request. Due to the lack of documentation, the request is not medically supported at this time. Given the above, the request for videonystagmography is not medically necessary .