MAXIMUS Federal Services

Case Number:	CM13-0050483		
Date Assigned:	12/27/2013	Date of Injury:	08/13/2011
Decision Date:	03/07/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Diagnostic Radiology, 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 physician 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 patient is a 63-year-old male who sustained unspecified injury on 8/13/11 and currently diagnosed with vertigo. He presented with complaints of vertigo on 10/14/13. Physical exam revealed intact cranial nerves, negative Dix-Hallpike and Romberg test, normal coordination and gait, and intact motor strength, sensation, reflexes. A request was made for brain MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the brain between 10-23-2013 and 12-7-2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Online Edition, Chapter, Head.

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: Initial Evaluation of Vertigo RONALD H. LABUGUEN, M.D., University of Southern California, Los Angeles, California Am Fam Physician. 2006 Jan 15;73(2):244-251.

Decision rationale: Physicians should consider neuroimaging studies in patients with vertigo who have neurologic signs and symptoms, risk factors for cerebrovascular disease, or progressive unilateral hearing loss. In one study, percent of patients with dizziness and

neurologic signs had relevant abnormalities suggesting central nervous system lesions on magnetic resonance imaging of the head. In patients with isolated vertigo who also were at risk for cerebrovascular disease, 25% had caudal cerebellar infarcts. In general, magnetic resonance imaging is more appropriate than computed tomography for diagnosing vertigo because of its superiority in visualizing the posterior fossa, where most central nervous system disease that causes vertigo is found. Magnetic resonance or conventional angiography of the posterior fossa vasculature may be useful in diagnosing vascular causes of vertigo such as vertebrobasilar insufficiency, thrombosis of the labyrinthine artery, anterior or posterior inferior cerebellar artery insufficiency, and subclavian steal syndrome. Neuroimaging studies can be used to rule out extensive bacterial infections, neoplasms, or developmental abnormalities if other symptoms suggest one of those diagnoses. However, they are not indicated in patients who have BPPV, usually are not necessary to diagnose acute vestibular neuronitis or MÃ©niÃ¨re's disease, and are poor routine screening tests for cerebellopontine angle tumors causing vertigo. Conventional radiographs or cross-sectional imaging procedures may aid in the diagnosis of cervical vertigo (i.e., vertigo triggered by somatosensory input from head and neck movements) in patients with a history suggestive of this diagnosis; however, the existence of this disorder remains controversial, and most patients in whom this diagnosis is considered should have other, more wellestablished conditions investigated. Since our patient does not meet the guideline criteria of neurologic signs and symptoms, risk factors for cerebrovascular disease, or progressive unilateral hearing loss, an MRI brain is not medically necessary.