

Case Number:	CM13-0060189		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2011
Decision Date:	07/22/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/03/2013

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 Ophthalmology, 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 patient is a 59 year-old male with the diagnosis of probable bilateral recurrent laryngeal nerve injury, for whom request is made for neuro-ophthalmology consultation. Progress notes dated 9/9/2013 with the primary treating physician notes that the patient has difficult swallowing and vestibular dizziness; the patient was referred for consultation with an ear, nose, and throat specialist. Consultation report dated 9/17/2013 indicates that the patient has multiple-layer neck problems, and recommendation is made for pharyngeal esophagogram, audiogram with tympanogram, tinnitus matching, and possible dizziness evaluation with possible ENG. The patient is noted to possibly have an ophthalmologic problem rather than a vestibular problem. There is no documentation of any visual complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION WITH A NEURO OPHTHALMOLOGIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) - Eye Chapter - Office VisitsX Other Medical Treatment Guideline or Medical

Evidence:[http://emedicine.medscape.com/article/2149881-overviewDizziness, Vertigo, and Imbalance](http://emedicine.medscape.com/article/2149881-overviewDizziness,Vertigo,andImbalance), 2013.

Decision rationale: The most common causes of peripheral vertigo include benign paroxysmal positional vertigo (BPPV), vestibular neuronitis, Mnire disease, and immune-mediated inner-ear disease. The most common cause of central dizziness is migraine, frequently referred to as vestibular migraine or migraine-associated dizziness. Other central causes include demyelination, acoustic tumors, and brainstem or cerebellar vascular lesions. Ocular causes of dizziness are uncommon, especially without any other visual signs (such as nystagmus) or symptoms. ODG notes that office visits are recommended as determined to be medically necessary. In this case, there is no clear evidence of ocular pathology, and as such medical necessity for evaluation with neuro-ophthalmologist is not established. The patient has already been referred to an ear, nose, and throat specialist for further workup, and additional testing and workup has been recommended.