

<b>Case Number:</b>	CM14-0000822		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/12/2011
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Family Practice and is licensed to practice in Mississippi and Texas. 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 61-year-old female who reported an injury due to a slip and backwards fall onto an asphalt surface on 12/12/2011. She had lost consciousness and had amnesia following the fall. On 12/13/2013, her diagnoses included right shoulder internal derangement, probable subacromial bursitis, probable AC arthrosis, neuropathy, post concussive syndrome, vertigo, and sleep disturbance. On 12/04/2013, her complaints included headaches, dizziness/vertigo, neck pain with limited range of motion and stiffness, low back pain with radiation to legs and buttocks, depression, and difficulty with memory and concentration. She had right shoulder pain with clicking and grinding. She had difficulty with self-care and personal hygiene, including bathing, dressing, washing, drying her body, getting on and off the toilet, getting dressed, putting on her shoes and socks, standing for any prolonged period of time, meal preparation, and housework. The recommendation for VNG testing was in light of the persistent function limiting vertigo as a complication of her traumatic brain injury. Her gait was restricted. A Request for Authorization was not included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VNG Testing for Severe Vertigo:** Overturned

**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), Head, Vestibular Studies

**Decision rationale:** The request for VNG Testing for Severe Vertigo is medically necessary. The Official Disability Guidelines recommend vestibular testing. Vestibular studies assess the function of the vestibular portion of the inner ear for patients who are experiencing symptoms of vertigo, unsteadiness, dizziness, and other balance disorders. 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. Vestibular function studies should be performed by licensed audiologists or a registered audiology aide working under the direct, (physically present) supervision of the audiologist. Alternately, they can be performed by a physician or personnel operating under a physician's supervision. Based on the longstanding symptomatology of vertigo and dizziness experienced by this injured worker and the recommendations of the guidelines, this request for VNG Testing for Severe Vertigo is medically necessary.

**Possible EEG Testing:** 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), Head, EEG (neurofeedback)

**Decision rationale:** The request for possible EEG testing is not medically necessary. The Official Disability Guidelines recommend EEG testing if there is a failure to improve or additional deterioration following initial assessment and stabilization. There was no indication in the submitted documentation that this injured worker was continuing to deteriorate. The need for an EEG was not clearly demonstrated in the submitted documentation. Therefore, this request for possible EEG testing is not medically necessary.

**MRI of the brain without contrast:** 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), Head, MRI (magnetic resonance imaging)

**Decision rationale:** The request for MRI of the brain without contrast is not medically necessary. The Official Disability Guidelines may recommend MRI of the brain to determine neurological deficits not explained by computerized tomography, to evaluate prolonged interval of disturbed consciousness, or to define evidence of acute changes superimposed on previous

trauma or disease. There was no report submitted that this work had had a previous CT of the brain. There was no evidence in the submitted documentation of prolonged intervals of disturbed consciousness or acute changes superimposed on previous trauma or disease. The clinical information submitted failed to meet the evidence based guidelines for MRI of the brain. Therefore, this request for MRI of the brain without contrast is not medically necessary.

**Neuropsychological Testing: Overturned**

**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), Head, Neuropsychological testing

**Decision rationale:** The request for Neuropsychological Testing is medically necessary. The Official Disability Guidelines recommend neuropsychological testing for severe traumatic brain injury, but not for concussions, unless the symptoms persist beyond 30 days. For concussions/mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate. Neuropsychological testing is 1 of the cornerstones of concussion and traumatic brain injury evaluation and contributes significantly to both understand of the injury and management of the individual. Considering this injured worker's longstanding and persistent difficulties with memory and concentration, and based on the recommendations of the guidelines, neuropsychological testing would be beneficial and appropriate. Therefore, this request for Neuropsychological Testing is medically necessary.

**Pool Therapy 3 times a week for 4 weeks for Chronic Widespread Pain Syndrome: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22; 98-99.

**Decision rationale:** The request for Pool Therapy 3 times a week for 4 weeks for Chronic Widespread Pain Syndrome is not medically necessary. The California MTUS Guidelines recommend pool therapy as an optional form of exercise therapy as an alternative to land based physical therapy. Pool therapy, including swimming, can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable (for example, extreme obesity). The physical medicine guidelines recommend 9 to 10 visits over 8 weeks for unspecified myalgia and myositis. There is no indication in the submitted documentation that this worker is obese. Additionally, the requested 12 sessions of pool therapy exceed the recommendations in the guidelines. Therefore, this request for Pool Therapy 3 times a week for 4 weeks for Chronic Widespread Pain Syndrome is not medically necessary.