

Case Number:	CM14-0111396		
Date Assigned:	08/13/2014	Date of Injury:	03/13/2001
Decision Date:	10/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/15/2014

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 Orthopedic Surgery 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 records presented for review indicate that this 49-year-old female was reportedly injured on March 13, 2001. The mechanism of injury is noted as moving a heavy bag on a conveyor belt. The most recent progress note, dated April 23, 2014. Indicates that there are ongoing complaints of neck pain, headaches, right greater than left shoulder pain, dizziness, noise in the right ear, difficulty sleeping, and right upper extremity weakness. The physical examination demonstrated tenderness of the right shoulder without evidence of impingement. There was a normal left shoulder examination. There was some weakness with right-sided grip strength. There was tenderness behind the right here in the mastoid area and along the cervical paraspinal muscles. Nystagmus was noted with head motion. There was slightly decreased cervical spine range of motion. In cranial nerve testing there was a Weber attest that I to the left side. Other cranial nerve testing was normal. There was slightly decreased sensation at the right C6 nerve distribution. Diagnostic imaging studies indicated a normal EMG and a normal MRI of the brain. Previous treatment includes chiropractic care, psychotherapy, this tubular therapy cognitive behavioral therapy, physical therapy, Botox injections, acupuncture, and a chronic pain program. A request had been made for a multi sleep latency Test, vestibular evoked myogenic potentials, Electrocochleography, tilt table testing, Video Electronystagmogram, Brainstem Auditory Evoked Response, any polysomnogram and was not certified in the pre-authorization process on July 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi Sleep Latency Test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, pain/Polysomnography

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: <http://www.sleepdisordersguide.com/topics/multiple-sleep-latency-test.html>

Decision rationale: Despite the normal outcome of a prior polysomnogram the injured employee still has complaints of daytime hypersomnia. Considering this a multi sleep latency test is the next appropriate test to investigate this issue. As such, this request for a multi sleep latency test is medically necessary.

Vestibular Evoked Myogenic Potentials: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Head/Vestibular studies

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: <http://vestibular.org/migraine-associated-vertigo-mav>

Decision rationale: A review of the available medical record indicates the injured employee has potentially related issues of decreased hearing, tinnitus, and nystagmus. As such, vestibular evoked myogenic potentials is medically necessary to investigate these problems.

Electrocochleography: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://cornellent.org/hralthcare_services/hearing/ecog.html

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: <http://www.nlm.nih.gov/medlineplus/ency/article/000702.htm>

Decision rationale: The injured employee has symptoms of hearing loss, tinnitus, and dizziness that could potentially indicate Menire's disease. Electrocochleography is a study to help investigate Menire's disease. As such this request for electrocochleography is medically necessary.

Tilt Table Testing: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://emedicine.medscape.com/article/1839773-overview>

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: <http://vestibular.org/migraine-associated-vertigo-mav>

Decision rationale: A review of the available medical record indicates the injured employee has potentially related issues of decreased hearing, tinnitus, and nystagmus. As such, tilt table testing is medically necessary to investigate these problems.

Video Electronystagmogram: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/003448.htm>; Griggs RC, Jozefowicz RF, Aminoff MJ. Approach to the patient with neurologic disease. In: Goldman L, Ausiello D, eds. Cecil Medicine. 23rd ed. Philadelphia, Pa: Saunders Elsevier. 2007: chap 418; Sanders DB, Howard JF, Jr. Neuro-otology: laboratory investigations in diagnosis and management of neuro-otological disorders. In: Bradley WG, Daroff RB, Fenichel GM, Jankovic J, eds. Bradley: Neurology in Clinical Practice. 5th ed. Philadelphia, Pa: But

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: <http://vestibular.org/migraine-associated-vertigo-mav>

Decision rationale: The injured employee has a complaint of headaches along with issues of dizziness which could imply an inner ear vestibular problem. Migraines sometimes occur secondary to these issues with vestibular issues. As such, this request for a video electronystagmogram is medically necessary.

Brainstem Auditory Evoked Response: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/003926.htm>: Brown CJ, Johnson TA, Electrophysiologic assessment of hearing. IN: Cummings CW, Flint PW, Haughey BH, et al, eds. Otolaryngology: Emerson RG, Pedley TA. Clinical neurophysiology: Electroencephalography and evoked potentials. In: Bradley WG, Daroff RB, Fenichel GM, Jankovic J, eds. Neurology in clinical practice. 6th ed. Philadelphia, Pa: Butterworth-Heinemann; 2012: chap 32A.

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: <http://www.nlm.nih.gov/medlineplus/ency/article/003926.htm>

Decision rationale: The injured employee has complaints of hearing loss, tenderness, and dizziness. This could potentially mean an inner ear problem. Brainstem auditory evoked response testing measures brainwave activity that occurs in response to hearing to help investigate the causes of these complaints. As such, this request for brainstem auditory evoked responses medically necessary.

Polysomnogram: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, pain/Polysomnography

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: <http://www.sleepdisordersguide.com/topics/multiple-sleep-latency-test.html>

Decision rationale: The injured employee has had a previous polysomnogram which did not have any findings of sleep apnea however a multi-sleep latency test is still needed and this test is customarily provided after a polysomnogram. As such, this request for a polysomnogram is medically necessary.