

Case Number:	CM14-0153956		
Date Assigned:	09/23/2014	Date of Injury:	04/07/2008
Decision Date:	10/24/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/22/2014

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 Emergency Medicine and is licensed to practice in . 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 43-year-old male who reported an injury on 04/07/2008. The mechanism of injury was not submitted for clinical review. The diagnoses included status post cervical spine surgery and post-traumatic head syndrome. Within the clinical note dated 07/28/2014, it was reported the injured worker complained of constant headaches, located at the top of the left side of the head. He rated his pain 7/10 in severity. He complained of dizziness, vertigo, blurred vision, nausea, memory problems, loss of balance, depression, anxiety and sleep difficulty. The injured worker complained of intermittent pain on both sides of the neck radiating to his back. He reported constant extremity pain. He reported constant bilateral lower extremity pain with numbness and tingling, weakness and coldness. Upon the physical examination, the provider noted the cervical spine revealed tenderness and spasms. The range of motion of the cervical spine was normal/restricted. Motor strength was noted to be slightly weak of the upper extremities bilaterally. The provider recommended an electronystagmogram for the dizziness. The Request for Authorization was submitted and dated 08/18/2014

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electronystagmogram (to be performed in office): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado Division of Workers' Compensation.

Traumatic brain injury medical treatment guidelines. Denver, Co: Colorado Division of Workers' Compensation; 2012 Nov 26. 119p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head, Vestibular Studies.

Decision rationale: The request for an electronystagmogram to be performed in office is not medically necessary. The Official Disability Guidelines note vestibular studies assess the function of vestibular portion of the inner ear for patients who are experiencing symptoms of vertigo, unsteadiness, dizziness, and other balance disorders. The vestibular portion of the inner ear maintains balance through receptors that process signals produced by motions of the head and the associated responsive eye reflexes that result in the visual perception of how the body is moving. Vestibular function studies should be performed by licensed audiologists or a registered audiology aide working under the direct (physically present) supervision of the audiologist. There is lack of clinical documentation indicating a complete and adequate neurological examination. The provider failed to document objective findings of dizziness or vertigo. Therefore, the request is not medically necessary.