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| <b>Case Number:</b>   | CM14-0159526 |                              |            |
| <b>Date Assigned:</b> | 10/03/2014   | <b>Date of Injury:</b>       | 10/14/2008 |
| <b>Decision Date:</b> | 10/30/2014   | <b>UR Denial Date:</b>       | 09/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/29/2014 |

### 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 Occupational Medicine 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 injured worker is a 53-year-old ambidextrous male who sustained work-related injuries on October 14, 2008. He was carrying down his tools when he stepped on an unspecified area and fell. Loss of consciousness was noted. Per January 16, 2014 records the injured worker reported that after his initial injury he developed generalized headaches, vertigo, tinnitus, imbalance, and extremity numbness. He also stated that he was "seen by an audiologist, pain management, a chiropractor, and a qualified medical evaluator neurologist." He continued to have residual symptoms and reported that he had a hearing test which showed hearing loss. He declined recommendations of cervical epidural steroid injections and has had ongoing chiropractic sessions. He stated that his "intermittent dizziness started to occur since his initial accident in 2008." He complained of impaired balance, hearing loss with occasional bilateral tinnitus and underwent audiogram which confirmed this, bilateral shoulder and neck pain radiating up to the head which was constant and daily. He rated his neck and bilateral shoulder pain as 4-5/10 but would increase to 9/10 which limited his neck range of motion. He also complained of headaches, impaired cognition, bilateral upper extremity paresthesias, and blurred vision. On January 31, 2012 he had a brain magnetic resonance imaging scan without contrast and noted impression of punctuate focus of signal change in left ventral medulla of uncertain clinical significance, possibly related to artifact. He underwent magnetic resonance imaging scan of the cervical spine on February 2, 2012 and revealed (a) C3-C4 focal 1mm central disc herniation with annular tear, C4-C5 degenerative disc disease with focal 1m central disc herniation and annular tear, C5-6 degenerative disc disease with retrolisthesis and focal kyphosis. Hypolordosis with kyphosis at C5-6 and no other abnormalities noted. On examination, he was unable to sit still for any amount of time and has to get up and stretch and perform range of motion/stretching to his neck and upper back. Cervical spine range of motion was limited in all planes especially

with extension and bilateral rotation. Head shaking was questionable positive toward the right but he closed his eyes and was unable to determine. Per April 10, 2014, the injured worker underwent audiology reevaluation on January 14, 2014 which noted unchanged hearing sensitivity, reduced dynamic range of 0 in right ear making any kind of amplification in that ear impossible. The left ear has slightly more treatable hearing loss. He was recommended for digital hearing aid in the left ear, video electronystagmography, and platform posturography. May 27, 2014 records indicate that he had a neuropsychological assessment and diagnosed with postconcussive disorder rule out pain disorder associated with both psychological factors and a general medical condition. Most recent medical records dated May 29, 2014 documents that the injured worker returned to his provider for a follow up visit. Since his last visit he has seen neuropsychology, pain management, neuro-optometrist, and vestibular rehabilitation. He is diagnosed with (a) traumatic brain injury, (b) post-concussion syndrome, (c) vestibulopathy, (d) migraines, (e) chronic pain, (f) depression, and (g) anxiety.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Electronystagmogram (ENG) to r/o Vestibulopathy with Audiologist: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Principles of Neurology by Victor and Adams 4th Edition, chapter 14: Deafness, Dizziness and Disorders of Equilibrium.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89.

**Decision rationale:** Based on the records received, the presented problems of the injured worker may be related to a variance of sources and in order to differentiate or complete rule out other causes a diagnostic examination such as the requested electronystagmogram is needed in order to alleviate the injured worker's dilemma. It is noted that his injury dates back in 2008 however the initial diagnostics and initial treatments he has received were unable to provide relief or at least decrease his symptoms hence reassessment is in order to double check if there are overlooked causes of this injured worker's current presented problems. Hence, the medical necessity of the requested electronystagmogram to rule out vestibulopathy with an audiologist is established. The utilization review physician noted that the requested electronystagmogram is not recommended because the injured worker is now 6 years post injury and has had vestibular therapy but it is unclear how performing this study will impact treatment. The request for Electronystagmogram (ENG) to r/o Vestibulopathy with Audiologist is medically necessary.