

Case Number:	CM14-0022818		
Date Assigned:	06/11/2014	Date of Injury:	05/07/2007
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/24/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 45-year-old female with a reported date of injury on 03/07/2007. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include right hand carpal tunnel release in 02/2009, left hand carpal tunnel release on 01/12/2010, disc bulges at C4-5, C5-6, and C6-7 without significant neural foraminal stenosis, migraine headaches, chronic thoracic strain, alleged psych and sleep disorder, and continued right shoulder pain. Her previous treatments were noted to include cortisone injections, physical therapy, acupuncture, surgery, medications, and trigger point injections. The progress note dated 01/06/2014 reported the injured worker stated she was getting migraines weekly and the last one was before Christmas and lasted until New Year's. The injured worker was wearing dark glasses due to the headache and felt that the right ear was ringing and felt it needed to pop but was unable to pop them. The injured worker stated she did feel dizzy at times and reported pain was at least 4/10 and at its worst was 10/10. The injured worker reported her pain was right shoulder, neck, headache, and described it as aching, constant, and severe. Her medications were listed as Neurontin 300 mg 1 every night for 30 days, Norco 7.5/325 mg 1 four times a day as needed for 30 days, and occasional use of tramadol. The progress note reported there was no apparent loss of coordination. The provider reported there was a palpable twitch for positive trigger points noted in the muscles of the head and the neck. The anterior flexion was noted to be 45 degrees, extension of the cervical spine was noted to be 15 degrees, the left lateral rotation was noted to be 65 degrees, and right lateral rotation was noted to be 60 degrees. The request for authorization form dated 01/13/2014 was for vestibular test and the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

VESTIBULAR TEST: 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, Vestibular studies.

Decision rationale: The request for a vestibular test is non-certified. The injured worker has been complaining of constant severe headaches and dizziness at times. The Official Disability Guidelines recommend vestibular studies to assess the function of the vestibular portion of the inner ear for injured workers who are experiencing symptoms of vertigo, unsteadiness, dizziness, and other balance disorders. The Guidelines state clinicians need to assess and identify vestibular impairment following concussion using brief screening tools to allow them to move injured workers into targeted treatment tracts that will provide more individualized therapies for their specific impairments. The Guidelines state balance should be tested using computerized dynamic posturography and these objective measurement techniques should be used to assess the clinical complaints of imbalance from patients with traumatic brain injury. There is a lack of documentation regarding vertigo, unsteadiness, dizziness, and other possible balance disorders. The injured worker has been complaining of headaches and some dizziness; however, there was not a lack of coordination according to the progress notes. Therefore, due to the lack of documentation regarding vertigo, unsteadiness, dizziness, and other balance disorders the vestibular studies are unwarranted at this time. Therefore, the request is not medically necessary.