

Case Number:	CM14-0024086		
Date Assigned:	02/28/2014	Date of Injury:	09/10/2013
Decision Date:	06/27/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 Physician 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 patient is a 39 year-old male who was injured on 9/10/13 when he crashed his bicycle into a chain after leaving work at night. A CT on 9/11/13 showed a small corner fracture of the the anterior inferior margin of C3 body with minimal displacement. According to the 12/13/13 chiropractic report, he presents with 5/10 headache, 8/10 cervical pain, 6/10 thoracic pain, 5/10 lumbar pain and pain in both shoulders and both knees. The diagnoses were abrasion head; contusion head, headache, post concussion syndrome; cervical musculoligament injury, cervical radiculopathy; thoracic and lumbar musculoligamentous injury; left and right knee sprain, loss of sleep. The plan was for videonystagmography testing due to head abrasion and contusion. This was denied by UR on 12/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

VIDEONYSTAGMOGRAPHY TESTING DUE TO HEAD ABRASION AND CONTUSION: 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 Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Chronic Vertigo Number: 0238 (Replaces CPB 230)

Decision rationale: According to the 12/13/13 chiropractic report, the employee presents with 5/10 headache, 8/10 cervical pain, 6/10 thoracic pain, 5/10 lumbar pain and pain in both shoulders and both knees. I have been asked to review for videonystagmography testing due to head abrasion and contusion. The MTUS/ACOEM and ODG did not provide guidelines for videonystagmography (VNG). Aetna guidelines were consulted. Aetna states VNG is "medically necessary for evaluation of persons with symptoms of vestibular disorders (dizziness, vertigo, disequilibrium or imbalance);" and experimental for other conditions. The employee was not reported to have symptoms of vestibular disorder, no dizziness, vertigo or disequilibrium. The chiropractor requested the VNG for the head abrasion and contusion. The request for VNG is not in accordance with Aetna guidelines.