

Case Number:	CM14-0028073		
Date Assigned:	06/16/2014	Date of Injury:	01/15/2013
Decision Date:	07/25/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/05/2014

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 Texas. 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 65 year old female who sustained work related injuries on 01/15/13. On this date she was walking into a kitchen carrying a tray full of dishes when a coworker who was exiting the kitchen opened the door and struck the tray causing the patient to spin and strike her head on a wall. She was then reported to have fallen landing on her left side. She had no loss of consciousness but was dizzy and dazed. The injured worker complained of dizziness, vertigo, blurred vision, nausea, memory problems, ringing in the ears, loss of balance, depression, anxiety and sleep difficulty. On physical examination mental status was altered and there was some difficulty with recent memory and immediate recall. Romberg test was negative, reflexes were 1-2+ and symmetric gait was slow there was some difficulty with tandem gait. A request was made for the performance of electronystagmogram to determine if vertigo and dizziness was central or peripheral and to plan for appropriate treatment. Utilization review determination dated 02/28/14 non-certified the request for electronystagmogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ELECTRONYSTAGMOGRAM -OUTPATIENT-RELATED TO HEAD TRAUMA:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Head (trauma, headaches, etc. not including stress and mental disorders).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Vestibular Studies.

Decision rationale: The request for electronystagmogram is recommended as medically necessary. The submitted clinical records indicate that the claimant sustained blunt trauma on 01/15/13. Serial clinical records indicate that the claimant has consistent complaints of dizziness and vertigo associated with this event. The requester has asked for electronystagmography to determine if there is a central versus peripheral lesion which is clearly appropriate as such based on the data provided.