

<b>Case Number:</b>	CM14-0031624		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 and is licensed to practice in California, Florida, New York. 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 39-year-old female who reported an injury on 02/12/2014 due to a hot liquid falling on her scalp. The injured worker had a history of headaches, dizziness, cervical pain, and stiffness. The injured worker had a diagnosis of a second degree burn to the left side of her scalp and a cervical spine strain/sprain. The MRI dated 01/14/2014 of the brain revealed right maxillary sinus changes, otherwise unremarkable. No current medications. Prior treatments included medication, acupuncture, and physical therapy. The physical examination dated 12/30/2013 revealed tenderness to palpation over the left side of the parietal temporal area to the head, healed burn, and no hematoma. The examination of the neck revealed spasms, tenderness to palpation over the trapezius, and left occipital muscle with a reduced range of motion. The range of motion to the cervical spine revealed flexion of 40/45 and extension 50/55 with moderate pain and tightness, Spurling's test was negative, and midline cervical spine was non tender. The upper extremities demonstrated full strength and sensation, and deep tendon reflexes of the upper extremities were intact. The neurological examination revealed alert and oriented x3, non-focal, Romberg negative, and Cerebellar okay. The injured worker rated her pain 9/10 to 10/10 using the VAS. The cranial nerve revealed peripheral vision, pupils equally round reacted to light and accommodation, and extra-articular ocular movements without nystagmus. The treatment plan included blood tests, and testing. The Request for Authorization dated 02/12/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EEG awake and sleep:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Head Procedure Summary: Indications for EEG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, EEG (neurofeedback).

**Decision rationale:** The Official Disability Guidelines indicate that EEG is not generally indicated in the immediate period of emergency response, evaluation, and treatment. Following initial assessment and stabilization, the individual's course should be monitored, if there is failure to improve or additional deterioration following initial assessment and stabilization, EEG may aid in diagnostic evaluation. The clinical notes from 12/30/2013 did not reveal any abnormal findings that would justify an EEG. As such, the request is not medically necessary.

**VNG balance test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)- Posturography: uses and limitations.

**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: <http://balance-plus.com/bp-vng.html>.

**Decision rationale:** In general, the Videonystagmography (VNG) is a study used to clinically evaluate patients with dizziness, vertigo, or balance dysfunction. The vestibular system monitors the position and movements of the head to stabilize retinal images. This information is integrated with the visual system and spinal afferents in the brain stem to produce the vestibulo-ocular reflex (VOR). VNG provides an objective assessment of the oculomotor and vestibular systems. The 12/30/2013 clinical notes did not indicate that the injured worker needed to have a VNG. The neurological examination revealed normal findings and examination of the eyes revealed normal findings. As such, the request is not medically necessary.

**Blood tests: CBC, masterchem, RPR, ESR, TSH, lipid panel (fasting), serum methylmalonic acid, B-12, folic acid and vitamin D level):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson & Pincus: Henry's Clinical Diagnosis and Management by laboratory methods, Chapter 8-Interpreting Laboratory Results.

**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: LABS per [labtestsonline.org](http://labtestsonline.org).

**Decision rationale:** It is recommended that healthy adults with no other risk factors for heart disease be tested with a fasting lipid profile once every five years. Initial screening may involve only a single test for total cholesterol and not a full lipid profile. However, if the screening cholesterol test result is high, it will likely be followed by testing with a lipid profile. If other risk factors are present or if previous testing revealed a high cholesterol level in the past, more frequent testing with a full lipid profile is recommended. The clinical notes did not indicate that the injured worker had the abnormal findings to justify the bloodwork. As such, the request is not medically necessary.