

Case Number:	CM14-0034787		
Date Assigned:	06/23/2014	Date of Injury:	07/06/2012
Decision Date:	07/24/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/20/2014

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 General Surgery 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 35-year-old male who sustained an injury on 07/06/2012, secondary to being involved in a motor vehicle accident. The injured stated that while traveling on the freeway one of the tires popped, causing the vehicle to flip and his co-worker flew out of the vehicle and died. The claimant reported a brief loss of consciousness and when consciousness was regained, he began to experience headaches, pain in the neck and right arm pain. The prior treatment included Norco, Advil (pain management) and psychotherapy sessions. An audiogram performed on 12/17/2012 was consistent with contact with loud noise and not consistent with the trauma that the claimant suffered in a vehicular accident. A magnetic resonance imaging (MRI) of the brain dated 02/21/2014 revealed mild left axillary sinusitis. There was also some mild to moderate bilateral frontal sinusitis. A follow up visit on 01/15/2014 for complaints of on and off headaches, located about the forehead and back of the head, rated 5 to 7. Additionally, the claimant described on and off dizziness, vertigo, blurred vision, memory problems, ringing in the ears loss of balance, depression, anxiety, intermittent pain in the back of the neck, radiating to the shoulders. The claimant reported intermittent bilateral upper extremity pain, more on the right side, associated with weakness and grip loss. Assessment of the recent memory and immediate recall revealed there was some difficulty, as the claimant was able to recall two out of three objects in five minutes. The cranial nerves II to XII were intact. The recommendations were for MRI of the brain, electronystagmogram to determine if the vertigo and dizziness was central or peripheral and neuropsychological evaluation. On 02/12/2014, the claimant was seen for continuous headaches and on and off dizziness, short term memory problems and decreased concentration. The treating provider was still awaiting authorization for an MRI of the brain, electronystagmogram and neuropsychological evaluation (memory assessment). The diagnoses were post traumatic headaches, vestibular dysfunction and cognitive impairment. In a letter

dated 02/18/2014, the claimant was notified about the determination regarding the medical necessity of the following care services: the prospective request for one neuropsychological evaluation (memory assessment) between 01/15/2014 and 04/15/2014 was certified. The prospective request for one MRI of the brain between 01/15/2014 and 04/15/2014 was certified and the prospective request for one electronystagmogram between 01/15/2014 and 04/15/2014 was non certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Electronystagmogram: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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 Other Medical Treatment Guideline or Medical Evidence: Cost-effectiveness of the diagnostic evaluation of vertigo. Laryngoscope. 1999 Apr; 109(4):600-5. Stewart MG, et al.

Decision rationale: The claimant has documented Vertigo and dizziness following an industrial motor vehicle accident. The claimant has seen a neurologist and an ENG has been requested to discern whether the Vertigo is of a central or vestibular focus. This would be pertinent to determine which treatment paradigm is operant and if there is any issues as to causation or relatedness to the alleged industrial injury. ENG would be a cost effective objective method to determine further treatment and appears medically necessary, see citation above. The claimant has been approved for MRI of the Brain and Neuropsychological testing and the information gained from ENG would be accretive and complimentary to the other testing.