MAXIMUS Federal Services

Case Number:	CM14-0042942		
Date Assigned:	06/30/2014	Date of Injury:	01/31/2013
Decision Date:	08/21/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/10/2014

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 Neurology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

Medical records dated from 01/09/14 indicate the injured worker with a post concussive syndrome. The injured worker has daily headaches occurring with vertigo while turning head side to side. The examination noted left eye blurry vision, with no sign of nystagmus. The medical records dated 05/14/14 indicate the injured worker was tested and found to have growth hormone deficiency. The medical records dated from 04/10/14 note indicate reported memory problems with examination noting no described abnormalities. A pain evaluation dated 04/3/14 noted chronic headache and post concussive syndrome. A physical examination noted cranial nerves intact with normal strength, sensation, reflexes, and gait including one legged stance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Videonystagmography (VNG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website (http://www.ncbi.nlm.nih.gov/pubmed/11450123) Infrared Videonystagmography in vestibular diagnosis(s).

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 medical records provided for review do not indicate symptoms of imbalance, dizziness, or vertigo since 04/10/14. The medical record indicates normal neurologic examination in regard to gait and balance and does not support a severity of condition in support of medical necessity of VNG. The Official Disability Guidelines support VNG to assess the function of the vestibular portion of the inner ear for patients who are experiencing symptoms of vertigo, unsteadiness, dizziness, and other balance disorders. Therefore, this request is not medically necessary.