

Case Number:	CM14-0061632		
Date Assigned:	07/25/2014	Date of Injury:	01/01/2011
Decision Date:	08/30/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/02/2014

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 Family Medicine 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 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:

This case involves a 44-year old cashier who reported low back and neck pain as a result of bending forward to pick up an item from the floor on 1/1/11. She developed vertigo in 3/11 which she felt was caused by exercises prescribed in physical therapy. It was reported she stated that she had never had vertigo prior to the physical therapy. She has received extensive treatment including medications, physical therapy/aquatic therapy, chiropractic treatments, epidural steroid injections, and multiple occipital blocks. Diagnostic studies have included 3 MRIs of the low back and one cervical MRI. Furthermore, none of which revealed definitive canal or neuroforaminal impingement. Electrodiagnostic studies performed 11/7/11 were suggestive of bilateral L5 root pathology. A neurological evaluation on 11/19/13 produced diagnoses of lumbosacral strain and degenerative disc disease, L5 nerve root impingement, episodic vertigo possibly due to labyrinthine concussion, muscle contraction and vascular headaches, and occipital neuralgia possibly due to direct occipital trauma. The records include early clinical notes documenting evaluation and treatment of this patient for prolonged headache in 2002 and for dizziness and vertigo in 2004. An orthopedic AME performed 10/1/13, produced essentially the same diagnoses as the neurologist's cited above, although chronic pain was added. The AME recommended that the patient obtain audiometry and a balance analysis. A psychiatric AME evaluation done 1/21/14 included a diagnosis of depression, which he stated was largely non-industrial with a slight industrial aggravation. He recommended ongoing follow-up for the depression. The patient's primary provider, a chiropractor, has requested an audiogram and balance testing on several occasions, most recently on 4/4/14. The audiogram was denied in utilization review on 4/9/14 and the balance testing was authorized. The primary treater has not documented a neurological exam which would assess the symptom of vertigo. Neither the primary provider nor the orthopedic AME provided a rationale for requesting an audiogram. The

neurologic consultant stated that tests of central and peripheral vertigo can be determined if there is a localized abnormality. The patient has not worked since 3/11 except for a brief stint as a seasonal worker at a department store in 2008 or 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Audiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Audiometry.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 43-44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head section, audiometryUptoDate, an evidence based review system for clinicians (www.uptodate.com) Concussion and Mild Traumatic Brain Injury.

Decision rationale: Per the Official Disability Guidelines reference cited, audiograms are recommended following brain injury or when occupational hearing loss is suspected. Per the Up-to-Date reference, direct injury to the cochlear and/or vestibular structures usually occurs in the setting of transverse fractures of the temporal bone. Hemotympanum and sensorineural loss often occur. The symptoms are maximal at onset and progressively improve in most patients over weeks and months due to CNS compensation. Labyrinthine concussion may occur from blunt injury to the membranous labyrinth against the otic capsule. This also produces acute onset of vertigo and ataxia, which are maximal at the time of symptom onset. It improves over days to months, usually somewhat quicker than to the more severe injury described above. The records in this case do not indicate that the injury worker sustained any head traumas. No provider has documented any hearing loss in this patient. There are no medicals that support the need to obtain audiometry therefore, this request is not medically necessary.