

Case Number:	CM14-0201207		
Date Assigned:	12/11/2014	Date of Injury:	07/28/2008
Decision Date:	01/29/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/01/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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:

The patient is a 64 year old male with an injury date on 07/28/2008. Based on the 10/08/2014 progress report provided by the treating physician, the diagnoses are:1. Cervical spine musculoligamentous strain.2. Cervicogenic headaches and dizziness.According to this report, the patient complains of "on and off headaches, located about his forehead, and the back and both sides of his head, characterized as a 6 to 7. He describes dizziness, blurred vision, memory problem, ringing in his ear, loss of balance, anxiety, and sleep difficulty." The patient also complains of "constant pain to the back and sides of his neck, radiating to his shoulders." Physical exam reveals tenderness and spasms at the cervical paraspinal muscles. Range of motion of the cervical spine is restricted. Cranial nerve examination indicates "Halpike maneuver is positive with nystagmus, bilaterally." Per this report, "Detailed general/physical examination is deferred to the treating physician." The 09/04/2014 report indicates the patient is "experiencing dizzy spells." The treatment plan is to request for MRI of the brain and Electronystagmogram. The patient's work status states, "Is not currently working." There were no other significant findings noted on this report. The utilization review denied the request for One (1) MRI of the brain, and one (1) electronystagmogram on 11/05/2014 based on the ODG guidelines. The requesting physician provided treatment reports from 05/28/2014 to 12/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI of the brain: 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), Head (trauma, headaches, etc, not including stress & mental disorders).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head Chapter: MRI.

Decision rationale: According to the 10/08/2014 report, this patient presents with "on and off headaches" and constant pain to the back and sides of the neck. Per this report, the current request is for One (1) MRI of the brain. The Utilization Review denial letter states "the patient did not have any abnormalities during the cranial nerve exam and was negative for any cerebellar issues." Regarding MRI of the brain/head, ODG guidelines state that this is a well-established brain imaging study and is indicated as follows: "Explain neurological defects not explained by CT; to evaluate prolonged interval of disturbed consciousness, to define evidence of acute changes super-imposed on previous trauma or disease." Review of the reports does not mention prior MRI of the brain. In this case, the treating physician does not discuss specific evidence or findings to support the request other than "on and off headaches." There is no discussion of unexplained neurological deficits, prolonged disturbed consciousness or the need to define evidence of acute changes per ODG criteria. Therefore, the current request is not medically necessary.

One (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 (ODG), Head (trauma, headaches, etc, not including stress & 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: Electrodiagnostic studies; <http://emedicine.medscape.com/article/836028-overview>.

Decision rationale: According to the 10/08/2014 report, this patient presents with "on and off headaches and dizziness" and constant pain to the back and sides of the neck. Per this report, the current request is for One (1) electronystagmogram. Electronystagmography (ENG) is a study used to clinically evaluate patients with dizziness, vertigo or balance dysfunction. ENG provides an objective assessment of the oculomotor and vestibular systems. The Utilization Review denial letter states "it is not documented that the patient has experienced a traumatic brain injury to indicate the use of such tests. There were no specific studies found to indicate the efficacy of an electronystagmogram." The MTUS and ODG guidelines do not address ENG studies. The strength of evidence hierarchy then leads us to the Medscape article regarding Electronystagmography found at <http://emedicine.medscape.com/article/836028-overview>. Review of the reports provided does not mention prior Electrodiagnostic studies of the brain. The cranial examination shows "Halpike maneuver is positive with nystagmus, bilaterally" and the patient experiences dizziness. In reviewing the Medscape ENG article there is documentation of a study that showed support for ENG testing. While the study only produced a low outcome measure, there is support for ENG testing to help determine whether a disorder is central or

peripheral. In this case, the treating physician wanted "to determine if the patient's vertigo and dizziness is central or peripheral and plan appropriate treatment." To help determine if the patient's dizziness is central or peripheral, the request is medically necessary.