

Case Number:	CM15-0011441		
Date Assigned:	01/29/2015	Date of Injury:	04/10/2012
Decision Date:	05/08/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational Medicine

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 54 year old female who sustained a work related injury April 10, 2012. Past history includes a removal of a tumor from the lumbosacral spine in 2000. While working in a factory, she pulled a baby crib, lost her balance, hitting the back of her head. There were no fractures or lacerations noted at the time of injury and she was treated with acupuncture and chiropractic therapy. According to a primary treating physician's progress report, dated October 14, 2014, the injured worker is approved for a requested full audiogram and full automated vestibular evaluation as recommended by ENT (ear nose and throat). The injured worker presented with ongoing daily and constant neck pain and pressure associated with headaches 6/10 with medication. There is ongoing right shoulder pain, which worsens with right arm use 4-5/10 with medication. According to the physician, the injured worker has failed with conservative care; life style modifications, medications including NSAID's, physical therapy, chiropractic and acupuncture care as well as epidural steroid injections. Recommendations include appropriate candidate for cervical discogram for surgical planning, proceed with neurology and orthopedic evaluation, and proceed with audiogram and vestibular evaluation once scheduled. Electrodiagnostic examination dated November 25, 2014, reveals evidence for a mild bilateral median neuropathy at the wrist (report present in medical record). According to utilization review dated January 12, 2015, the request for Videonystagmography (VNG) is non-certified, citing ODG (Official Disability Guidelines), Head, Vestibular studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

VIDEONYSTAGMOGRAPHY (VNG) 92540, 92543, 92547: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines HeadVestibular studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head.

Decision rationale: ODG provides specific criteria for evaluating vestibular dysfunction with videonystagmography (VNG). These individuals suffer balance disorders such as vertigo and unsteadiness. There is no evidence of nystagmus in this patient or any other clinical findings concerning eye movement, which suggest that VNG would add diagnostic specificity or alter the treatment approach. This request for VNG does not adhere to ODG and is denied.