MAXIMUS Federal Services

Case Number:	CM15-0138422		
Date Assigned:	07/28/2015	Date of Injury:	01/18/2012
Decision Date:	08/27/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, 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 applicant is a represented 39-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of depression, anxiety, headaches, and tinnitus reportedly associated with an industrial injury of January 18, 2012. In a utilization review report dated June 22, 2015, the claims administrator failed to approve requests for an electronystagmogram (ENG) and a neurologic reevaluation. The claims administrator referenced a June 10, 2015 progress note and an associated June 15, 2015 RFA form in its determination. On June 10, 2015, the applicant reported multifocal pain complaints, foot pain, headaches, dizziness, vertigo, depression, anxiety, sleep disturbance, sensitivity to light and noise. The applicant was not working, it was acknowledged. Last worked in January 2012, it was reported. The applicant exhibited intact cranial nerve testing. The applicant appeared emotionally depressed. The applicant exhibited poor memory recall and poor mathematical skills, it was suggested. An electronystagmogram was sought to evaluate and assess the applicant's vertigo. Topamax was endorsed. The attending provider stated that he would like to review the applicant's historical records, including MRI imaging of the brain, and have the applicant follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electronystagmogram QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Concussion/TBI Assessment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dizziness, Vertigo, and Imbalance Workup Author: Hesham M Samy, MD, PhD; Chief Editor: Robert A Egan, MD.

Decision rationale: No, the request for an electronystagmogram (ENG) was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, Medscape's Dizziness, Vertigo, and Imbalance Workup article notes that the clinical yield and/or utility of vestibular testing such as the electronystagmogram (ENG) is somewhat suspect, as over-interpretation of oculomotor findings is common, leading to often unnecessary neurologic investigations. Medscape further notes that most abnormalities detected by vestibular testing such as the electronystagmogram (ENG) at issue can be detected by means of a carefully conducted in-office neurologic exam. Here, the applicant was described as visibly depressed on the June 10, 2015 office visit. The attending provider acknowledged that some of the applicant's symptoms including dizziness, vertigo, tinnitus, sensitivity to light and noises, etc., could very well have some underlying psychological or psychiatric basis. The attending provider also stated that he had not been previously furnished with the results of earlier MRI imaging of the brain, the results of which, if positive, would obviate the need for the electronystagmogram (ENG) at issue. Therefore, the request was not medically necessary.

Neurological re-evaluation QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Conversely, the request for a neurologic reevaluation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" even in those applicants whose conditions are not expected to change appreciably from visit to visit or week to week. Here, the applicant did have some neurologic complaints, including headaches, dizziness, tinnitus, etc. Getting a follow-up visit with the applicant's neurologist, thus, was indicated in order to provide structure and reassurance, as suggested in the MTUS Guideline in ACOEM Chapter 5, page 79. Therefore, the request was medically necessary.