

Case Number:	CM15-0140957		
Date Assigned:	07/30/2015	Date of Injury:	03/01/2013
Decision Date:	08/27/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/20/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58-year-old female, who sustained an industrial injury on 3-01-2013. Diagnoses include head trauma, posttraumatic head syndrome, posttraumatic headaches with chronic daily headaches, posttraumatic ataxia, posttraumatic vestibulopathy, history of right knee dysfunction, history of left shoulder dysfunction, psychological factors affecting the physical condition and sleep disorder. Treatment to date has included medications including Lexapro, Wellbutrin and Temazepam and epidural injections for the cervical spine. Per the Consultation Report dated 6-16-2015, the injured worker reported problems with balance and spatial identity, photosensitivity to the eyes, ongoing daily headaches and constant neck pain. She also reports short-term memory problems and problems recalling information as well as ongoing knee problems and left shoulder pain. Upon physical examination, she had a slow broad based gait and ambulated with a cane. She was tremulous. She was wearing dark glasses relative to photosensitivity. She had a hearing aid in her left ear and had emotional lability. Pupils were equal, her optic discs were normal, there was no ptosis and her facial movements were equal. The plan of care included diagnostic testing and authorization was requested for videonystagmography (VMG).

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

<http://www.nationaldizzyandbalancecenter.com/services/balance-lab-testing/videonystagmography/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation Electro/Videonystagmography.

<http://emedicine.medscape.com/article/2149881-workup#showall>.

Decision rationale: According to Medscape, The standard Videonystagmography test battery is composed of saccadic, gaze, pursuit eye-movement, optokinetic nystagmus (OKN), headshake nystagmus, positional nystagmus, positioning nystagmus, and bithermal caloric tests. It used to investigate patients with vestibular and balance disorders. Such testing, especially vestibular testing must be tailored to the history and physical findings in each case. In this case, there is no rationale provided to request Videonystagmography. There is no documentation of recent and active vestibular issues in this case. The patient have a previous ENT, balance therapy and vestibular training and there is no documentation for the need for a Videonystagmography. Therefore, the request for Videonystagmography (VNG) is not medically necessary.