

Case Number:	CM15-0144121		
Date Assigned:	08/05/2015	Date of Injury:	11/13/2011
Decision Date:	08/31/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/24/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 45 year old male who sustained an industrial injury on 11-13-11. In a progress note dated 7-8-15, the treating physician reports, the injured worker was seen in follow up for neck pain and headaches. The injured worker has chronic neck pain and headaches from possible facet joint pain and post concussion syndrome. The injured worker reports he was seen by the ear, nose, and throat physician, who tested his hearing, which was normal, and that he recommended he undergo a videonystagmography. He is status post left C3 and left C4 medial branch blocks done the previous week. His pain is rated at 8 out of 10 without medications and 5 out of 10 with medications. He has increased pain with walking, bending and lifting. Current medications are Topamax, Prilosec, and Lidoderm Patch. The impression is sprain of neck, head contusion, post-concussion syndrome, dizziness, depression, anxiety, elevated liver function tests, and pain of facet joint. He is not working at this time; he is on disability. The requested treatment is videonystagmography (inner) ear bilateral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Videonystagmography (Inner) Ear Bilateral: 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: Vestibular 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, Vestibular Studies.

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Videonystagmography. Guidelines state the following: Recommended for patients who are experiencing vertigo, unsteadiness, dizziness and other balance disorders. The patient was evaluated by an ENT. The ENT also recommended the examination. The clinical documents state that the patient was diagnosed with headaches and neck pain. The hearing was reported as normal. The patient has been diagnosed with dizziness, which fits the criteria. According to the clinical documentation provided and current guidelines, Videonystagmography is indicated as a medical necessity to the patient at this time. The request is medically necessary.