MAXIMUS Federal Services

Case Number:	CM15-0197003		
Date Assigned:	10/12/2015	Date of Injury:	01/11/2012
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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

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 64 year old female, who sustained an industrial injury on 01-11-2012. She has reported subsequent neck pain, anxiety, vertigo and nausea and was diagnosed with cervical sprain, strain with radiculopathy, post-traumatic stress disorder and chronic vertigo possibly medication induced. Treatment to date has included medication and vestibular rehabilitation, which were noted to have failed to significantly relieve the symptoms. In a progress note dated 06-16-2015, the injured worker reported vertigo and nausea. Objective examination findings showed mild difficulty walking on the toes and heels, markedly positive Romberg and difficulty with tandem gait. The physician noted that the injured worker continued to have a function-limiting vertigo and that ENG testing would be requested. In a progress note dated 07-30-2015, the injured worker reported ongoing vertigo. The physician noted that MRI studies of the brain were negative and that the request for ENG testing had not yet been authorized. A trial of Meclizine was noted to have been provided and to be ineffective. Objective findings were notable for positive Romberg and difficulty with tandem gait. Work status was documented as permanently retired. A request for authorization of electronystagmography (ENG) testing was submitted. As per the 09-24-2015 utilization review, the request for electronystagmography (ENG) testing was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electronystagmography (ENG) testing: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/10064649.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fife T, Tusa R, Furman J, et al. Assessment: Vestibular testing techniques in adults and children: Report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. Neurology 2000; 55; 1431-1441.

Decision rationale: The claimant sustained a work injury in January 2012 when she was assaulted by a student. She was started on Cymbalta in November 2014 and developed severe vertigo 10 days later. She has a diagnosis of benign paroxysmal positional vertigo (BPPV). In June 2015 she had attended one session of vestibular rehabilitation. Her body mass index was over 32. She had mild difficulty walking on her heels and toes and markedly positive Romberg testing and difficulty with tandem gait. The Hallpike maneuver was negative. Prior testing has included a negative MRI of the brain. When seen, Meclizine was discontinued as it had been ineffective. ENG testing is being requested. Electronystagmography (ENG) or videonystagmography (VNG) is considered medically necessary, when a vestibular abnormality is suspected and the clinical evaluation fails to confirm the diagnosis. In this case, the claimant has chronic vestibulopathy after a head injury and her diagnosis of BPPV is not supported by the clinical examination. Additional medical treatment or physical therapy without an established diagnosis is not likely to be of benefit. The additional testing being requested is medically necessary.