

Case Number:	CM15-0199810		
Date Assigned:	10/15/2015	Date of Injury:	06/02/2005
Decision Date:	12/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/12/2015

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 York

Certification(s)/Specialty: Pediatrics, Internal 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 49 year old female injured worker suffered an industrial injury on 6-2-2005. The diagnoses included concussion syndrome with brief loss of consciousness, memory loss, and depression, and cephalgia, bilateral TMJ disorder with tinnitus, thoracic, bilateral hip and lumbar sprain-strain. On 9-14-2015, the treating provider reported she continued to experience vertigo, nausea, tinnitus, headaches, poor balance, memory deficits, neck and back pain. On exam, the full spine had spasms with reduced range of motion of the cervical and lumbar spine, which triggered vertigo. TMJ range of motion was stiff and palpation of the TMJ caused pain and vertigo. There was diminished C5-6 and left C7 sensation. Request for Authorization date was 9-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurological Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: In following the clinical topics section, the physician begins with an assessment of the presenting complaint and a determination as to whether there is a "red flag for a potentially serious condition" which would trigger an immediate intervention. Upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. It is noted in the documentation that the IW had undergone neurologic consultation on 12/10 and she had a labyrinthine injury as the cause of her vertigo. She saw the neurologist again 1/2/15 and was recommended to have new testing with posturography and based on the results possible evaluation with a neuro-otologist. The request is for neurological evaluation, which has been provided and documented in the case file. The request is not medically necessary and appropriate.

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per ACOEM guidelines criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The documentation shows that the IW is no radiculopathy on exam and there is no mention of possible surgery. The request is not medically necessary and appropriate.

Computer Vestibular Posturography: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com - Evaluation of dizziness, www.ncbi.nlm.nih.gov - Posturography: uses and limitations.

Decision rationale: Per uptodate.com the evaluation of dizziness starts with a history and physical examination including ear examination, observation for nystagmus, full neurologic examination and vestibular signs. In cases of true vertigo, additional evaluation is dictated by the history and physical examination. Neuroimaging is indicated for patients with a history of trauma (computed tomography [CT] of the head with temporal bone windows) or patients with evidence of central vestibular abnormalities, altered mental status, or associated focal neurologic findings (magnetic resonance imaging [MRI] of the brain or head CT). Once increased intracranial pressure is excluded by physical examination or neuroimaging, lumbar puncture should be performed in patients with suspected meningitis, encephalitis, or multiple sclerosis. In patients with a suspicion of seizures, an electroencephalogram should be arranged. Other specialized vestibular testing (e.g., electronystagmography, rotary chair testing, posturography, and

audiometry) is indicated when central versus peripheral vertigo cannot be established or when vertigo is prolonged or incapacitating. These tests are usually performed by a neurologist or otorhinolaryngologist. Computerized dynamic posturography does not provide localizing or lateralizing information, nor any information regarding aetiology; it does provide functional information regarding how well an individual can use their balance and an indication of the importance of a patient's balance disturbance on their activities of daily living. Also, computerized dynamic posturography provides a functional measure that is helpful in predicting the benefit that patients may expect to receive from therapeutic intervention with physical therapy. The IW noted prior improvement with vestibular therapy but that had been stopped. Additionally, the prior evaluation and testing are not available for review to determine if further testing is warranted. It is not clear what information the posturography is to add nor what change in treatment would occur with the results. The request is not medically necessary and appropriate.

EMG LUE: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: Per ODG guidelines, electromyography (EMG) and nerve conduction studies (NCS) are generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, According to the progress notes there was no neurological findings on AME exam that would indicate the need for EMG/NCV. This request is not medically necessary and appropriate.

NCV LUE: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: Per ODG guidelines, electromyography (EMG) and nerve conduction studies (NCS) are generally accepted, well established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, According to the progress notes there was no neurological findings on AME exam that would indicate the need for EMG/NCV. This request is not medically necessary and appropriate.