

Case Number:	CM14-0117261		
Date Assigned:	09/23/2014	Date of Injury:	09/19/2012
Decision Date:	10/27/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There is a PR2 dated 03/10/14 indicated referral, recommendation remain off work. There is an FCE reported 12/20/13. Date 09/03/13 indicated the insured having headaches problems. The insured was reported to have experienced a fall having landed on her left side hitting the left side of her head. She denies losing any consciousness. She reports receiving ongoing treatment including acupuncture, physical therapy and had imaging of MRI. MRI was reported to show degeneration in the cervical spine with posterior disc bulges from 1 to 2 mm with an overall impression of cervical, thoracic, lumbar sprain/strain, headache and dizziness and history of head injury. Examination indicated normal sensory ability, normal cerebellar ability, no focal weakness, deep tendon reflexes intact and had cranial nerve function with no fasciculations. There was no nystagmus or issues with eye movements. Note 10/04/13 indicates insured had fallen. The insured reports persistent headaches with dizziness and nausea at times. On examination, the insured has pain to palpation in the cervical area. There were no abnormalities of reflexes, cerebellar or sensory examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electronystagmogram: Upheld

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

06/09/14) Vestibular studies <http://www.ncbi.nlm.nih.gov/pubmed/7240913> The evaluation of vertigo and the electronystagmogram

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 Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> Recommended as indicated below. Vestibular studies assess the function of the vestibular portion of the inner ear for patients who are experiencing symptoms of vertigo, unsteadiness, dizziness, and other balance disorders. The vestibular portion of the inner ear maintains balance through receptors that proce

Decision rationale: The medical records provided for review do not support the presence of any objective signs of balance disorder or visual nystagmus in support of needing a ENG to evaluate condition. Examination indicated normal sensory ability, normal cerebellar ability, no focal weakness, deep tendon reflexes intact and had cranial nerve function with no fasciculations. There was no nystagmus or issues with eye movements. Therefore the request is not medically necessary.