

Case Number:	CM14-0144159		
Date Assigned:	09/12/2014	Date of Injury:	12/19/2013
Decision Date:	10/17/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/05/2014

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 Occupational Medicine and is licensed to practice in California. 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:

The applicant is a represented [REDACTED] employee who has filed a claim for headaches, neck pain, and vertigo reportedly associated with an industrial injury of December 19, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated August 18, 2014, the claims administrator denied a request for videonystagmography (VNG) testing, invoking non-MTUS ODG Guidelines in its denial. The applicant's attorney subsequently appealed. In a May 6, 2014 progress note, the applicant apparently presented with neck pain, upper thoracic pain, and parascapular pain, 3-8/10. The applicant stated that his headaches and dizziness had improved. The applicant was using Flexeril, Naproxen, Tylenol, Metformin, Lipitor, Zestril, and Insulin, it was stated. The applicant was diabetic, it was acknowledged. The applicant had no focal deficits on neurologic exam with symmetric upper extremity reflexes, coupled with normal strength and sensation about the upper extremities. Ten sessions of acupuncture, Ultram, Flexeril, Mobic, home exercises and work restrictions were endorsed. It was not clearly stated whether or not the applicant was working with said limitations in place, however. On May 15, 2014, the applicant reportedly denied feeling dizzy or sleepy. The applicant was apparently confused, which she attributed to an industrial concussion injury. Acupuncture was sought. On May 15, 2014, the applicant underwent a Medical-legal Evaluation. The medical-legal evaluator apparently suggested the videonystagmography (VNG). The medical-legal evaluator suggested that the applicant continue to work in a part-time role. The medical-legal evaluator stated that the applicant likely had benign paroxysmal positional vertigo (BPPV).

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 Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Dizziness, Vertigo, and Imbalance Workup

Decision rationale: The MTUS does not address the topic. As noted by [REDACTED] however, the clinical yield of vestibular tests such as the VNG in question is typically quite low. Medscape goes on to note that most abnormalities detected by vestibular testing can be identified by means of a carefully conducted office vestibular examination. [REDACTED] goes on to note that the routine usage of vestibular testing is "probably not cost effective" and further notes that "over interpretation" of vestibular testing is common, often leading to unnecessary neurologic investigations. In this case, all information on file points to the applicant's having minimal to negligible to resolving symptoms of dizziness. The applicant symptoms of dizziness are apparently highly infrequent. The applicant was seemingly able to drive herself to and from various appointments; it was suggested by several providers. On several other occasions, referenced above, it was suggested that the applicant's symptoms of dizziness were negligible. Therefore, the request is not indicated both owing to the tepid-to-unfavorable [REDACTED] position on vestibular testing and owing to the applicant's seeming lack of any profound symptoms of dizziness. Accordingly, the request is not medically necessary.