

Case Number:	CM15-0122961		
Date Assigned:	07/14/2015	Date of Injury:	11/08/2010
Decision Date:	09/08/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/25/2015

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: 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 injured worker is a 37-year-old female who sustained an industrial injury on 11/08/2010. The injured worker was diagnosed with post-concussive syndrome, cervicgia and lumbar radiculitis. Treatments to date have included diagnostic testing, multidisciplinary functional restoration program (FRP), consultations, physical therapy, acupuncture therapy, epidural steroid injections and medications. According to the treating physician's progress report on June 9, 2015, the injured worker continues to experience dizziness, forgetfulness, fatigue and occipital/temporal headaches. The injured worker rates her pain level at 6/10. Examination revealed a moderately obese, alert and oriented female with equal and normal pupillary response. There was mild tenderness at the lumbosacral area with normal range of motion, motor strength, coordination, gait, sensory and deep tendon reflexes. Romberg's test was negative. The injured worker is currently not taking any prescription medications. Tylenol, over-the-counter as needed, is used for pain control. The injured worker is on temporary total disability (TTD) and currently not working. Treatment plan consists of neurology follow-up, home exercise, continuing functional restoration program (FRP) and the current request for an Electroencephalogram, VNG (Videonystagmography) balance test and multiple diagnostic blood work.

IMR ISSUES, DECISIONS AND RATIONALES

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

EEG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, EEG (neurofeedback).

Decision rationale: EEG is diagnostic procedure that monitors brain wave activity using scalp electrodes and provocative maneuvers such as hyperventilation and photic strobe. ODG recommends EEG (electroencephalography) for diagnosing seizure disorders, if there is failure to improve or additional deterioration following initial assessment and stabilization. The injured worker complains of ongoing dizziness. Documentation fails to show objective clinical findings of neurological deficits to establish the medical necessity for EEG testing. The request for EEG is not medically necessary per guidelines.

VNG (Videonystagmographic) balance test: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.dynamed.com/>.

Decision rationale: Per guidelines, diagnostic testing such as radiographic imaging and vestibular testing should not be ordered unless diagnosis of Benign Paroxysmal Positional Vertigo (BPPV) is uncertain or there are other signs or symptoms unrelated to BPPV that would be indications for further testing. If the patient meets criteria for BPPV, vestibular function testing does not offer additional diagnostic benefit unless patient remains symptomatic after treatment. The injured worker complains of ongoing headache, ringing in the ears and dizziness. Physician reports fail to support a clear diagnosis of BPPV in this injured worker with a history of head injury. The request for additional testing is clinically appropriate. The request for VNG (Videonystagmographic) balance test is medically necessary.

CBC: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing.

Decision rationale: Per ODG, a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. MTUS recommends routine periodic laboratory monitoring for patients on non-steroidal anti-inflammatory drugs (NSAIDs) according to package inserts, to include CBC (complete blood count) and chemistry profile (including liver and renal function tests). Documentation provided shows that the injured worker complains of ongoing dizziness. The request for additional testing to rule out anemia is clinically appropriate. The request for CBC is medically necessary.

Master chem: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://smartmedicine.acponline.org/contenthttp://www.mayoclinic.org/>.

Decision rationale: The American College of Physicians recommends screening patients at increased risk for Chronic Kidney disease (CKD) regularly, including those who are older, obese, have a history of hypertension, diabetes, cardiovascular disease, or a family history of CKD. Documentation provided shows that the injured worker takes no prescription medications and complains of ongoing dizziness. No recent laboratory result is available for review. The request for testing to rule out electrolyte imbalance or chronic Kidney disease is clinically appropriate. The request for Master chem is medically necessary.

ANA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.dynamed.com/>.

Decision rationale: Tests for establishing the diagnosis of Systemic Lupus Erythematosus includes autoantibody titers such as anti-DNA antibody, anti-Sm antibody, antinuclear antibody, complete blood count and urinalysis to detect proteinuria (protein in the urine) or hematuria (blood in the urine). The injured worker complains of chronic dizziness, neck and low back pain. Documentation at the time of the requested service under review indicates a normal neurological exam, with no motor deficits. Physician reports fail to show objective clinical findings on physical examination to support the suspicion of other pathology consistent with Autoimmune Disease, Connective Tissue Disease or other forms of arthritis. The request for ANA is not medically necessary.

RPR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.dynamed.com/>.

Decision rationale: Neurosyphilis refers to infection of the central nervous system in a patient with Syphilis and can occur at any stage. Symptoms are similar to other forms of meningitis, including headache, neck stiffness, and photophobia. Major subtypes of neurosyphilis that occur at later stages, typically years to decades after initial infection, may present with signs of stroke or seizure. The injured worker complains of chronic headaches, dizziness and forgetfulness. Documentation at the time of the requested service under review indicates a normal neurological exam, with no motor deficits. Physician reports fail to show objective

clinical findings on physical examination to support the suspicion of other pathology consistent with Neurosyphilis. The request for RPR is not medically necessary.

TSH: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.dynamed.com/http://www.mayoclinic.org/>.

Decision rationale: Blood tests used in the diagnosis of Thyroid disorders include Thyroid Stimulating Hormone level. Documentation provided shows that the injured worker complains of ongoing dizziness and forgetfulness. The request for additional testing to rule out Thyroid disease is clinically appropriate. The request for TSH is medically necessary.

Lipid panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://smartmedicine.acponline.org/>.

Decision rationale: Hyperlipidemia is a major risk factor for atherosclerotic disease (the build-up of fats, cholesterol and other substances in and on the artery walls), cardiovascular disease and cardiovascular death. The American College of Physicians recommends screening adults at any age who are at risk for CHD, including those with a family history of hyperlipidemia.

Patients without risk factors should be screened every 5 years with repeat screening sooner in those who develop new risk factors. Performing annual lipid screening in patients not treated for hyperlipidemia is not recommended unless there is a specific reason to suspect a change. Physician report at the time of the service under review fails to show that injured worker is diagnosed with Hyperlipidemia and there is no other stated objective reason provided to establish the medical necessity for ordering lipid panel. The request for Lipid panel is not medically necessary.

Serum Methyl Malonic Acid: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.dynamed.com/>.

Decision rationale: Diagnostic testing in patients with suspected Vitamin B12 deficiency includes Complete Blood Count and smear to look for macrocytosis, serum Cobalamin level, Methylmalonic acid and/or plasma total Homocysteine levels. In patients with clinical suspicion of vitamin B12 deficiency and indeterminate serum cobalamin level, additional testing may be performed including serum folic acid and iron levels, to determine other underlying cause.

Symptoms of Vitamin B12 deficiency can vary in severity depending on the degree and duration of deficiency. Typical symptoms include fatigue, glossitis, and neurologic deficits such as ataxia (shaky movements and unsteady gait), muscle weakness, spasticity (stiff or rigid muscles), incontinence (lack of bladder and/or bowel control), hypotension (low blood pressure), vision problems, dementia, psychoses (abnormal condition of the mind), and mood disturbances. Documentation provided for review indicates that the injured worker complains of dizziness, forgetfulness and headache. Physician report indicates no motor or sensory deficits neurologic exam. The medical necessity for testing for Vitamin B12 Deficiency is not established. The request for Serum Methyl Malonic Acid level is not medically necessary.

Vitamin B12 level: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.dynamed.com/>.

Decision rationale: Diagnostic testing in patients with suspected Vitamin B12 deficiency includes Complete Blood Count and smear to look for macrocytosis, serum Cobalamin level, Methylmalonic acid and/or plasma total Homocysteine levels. In patients with clinical suspicion of vitamin B12 deficiency and indeterminate serum cobalamin level, additional testing may be performed including serum folic acid and iron levels, to determine other underlying cause. Symptoms of Vitamin B12 deficiency can vary in severity depending on the degree and duration of deficiency. Typical symptoms include fatigue, glossitis, and neurologic deficits such as ataxia (shaky movements and unsteady gait), muscle weakness, spasticity (stiff or rigid muscles), incontinence (lack of bladder and/or bowel control), hypotension (low blood pressure), vision problems, dementia, psychoses (abnormal condition of the mind), and mood disturbances. Documentation provided for review indicates that the injured worker complains of dizziness, forgetfulness and headache. Physician report indicates no motor or sensory deficits neurologic exam. The medical necessity for testing for Vitamin B12 Deficiency is not established. The request for Vitamin B12 level is not medically necessary.

Folic acid level: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.dynamed.com/>.

Decision rationale: Diagnostic testing in patients with suspected Vitamin B12 deficiency includes Complete Blood Count and smear to look for macrocytosis, serum Cobalamin level, Methylmalonic acid and/or plasma total Homocysteine levels. In patients with clinical suspicion of vitamin B12 deficiency and indeterminate serum cobalamin level, additional testing may be performed including serum folic acid and iron levels, to determine other underlying cause. Symptoms of Vitamin B12 deficiency can vary in severity depending on the degree and duration of deficiency. Typical symptoms include fatigue, glossitis, and neurologic deficits such as ataxia (shaky movements and unsteady gait), muscle weakness, spasticity (stiff or rigid muscles), incontinence (lack of bladder and/or bowel control), hypotension (low blood pressure), vision problems, dementia, psychoses (abnormal condition of the mind), and mood disturbances.

Documentation provided for review indicates that the injured worker complains of dizziness, forgetfulness and headache. Physician report indicates no motor or sensory deficits neurologic exam. The medical necessity for testing for Vitamin B12 Deficiency is not established. The request for Folic acid level is not medically necessary.

Vitamin D level: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.mayoclinic.org/>.

Decision rationale: Vitamin D deficiency is known to weaken bones. Documentation shows that the injured worker complains of chronic neck and low back pain. There is no evidence provided to show a diagnosis of Vitamin D deficiency or to support the medical necessity for checking Vitamin D level. The request for Vitamin D level is not medically necessary.