

Case Number:	CM15-0175647		
Date Assigned:	09/17/2015	Date of Injury:	09/08/2011
Decision Date:	10/22/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	09/08/2015

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: California

Certification(s)/Specialty: Otolaryngology

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 49 year old male who sustained an industrial injury September 8, 2011, after striking the right posterior occipital region of his head on an open locker door, without loss of consciousness. He complained of neck pain and associated headaches. According to an otolaryngologist's report dated July 24, 2015, the injured worker presented in a wheelchair for evaluation of complaints of dizziness, headaches, tinnitus, and hearing loss in the left ear with frequent earaches. He reports using a wheelchair, as he is unable to walk unassisted, and feels as though he is going to fall. He reported that with his dizziness he has a sensation of spinning and riling with associated nausea, vomiting, light-headedness, headaches-migraines, feeling of swelling and pain in the left ear and left side of jaw. Current medication included Gabapentin, Oxycodone, Diazepam, Promethazine, Omeprazole, Hydrocodone, Lyrica, Morphine, Kadian, Hydroxyzine, Sumatriptan, Tramadol, and Amitriptyline. A comprehensive otolaryngological examination with particular attention to the ears was performed and within normal limits. Tuning fork test using 512 Hz tuning fork was within normal limits. Audiological evaluation showed normal thresholds for the right ear and normal thresholds for the left ear out to 4000 Hz with a mild to moderately severe loss at 6-8 Hz. Tympanograms were of normal pressure and compliance with reflexes present. Of noted importance; in the left ear both pressure and loudness caused vertigo with nausea. The physician documented the possibility of the diagnosis of perilymphatic fistula. Treatment plan included the recommendation, and at issue, the request for authorization dated July 28, 2015, for electronystagmography. According to utilization review dated August 8, 2015, the request for ENG (electronystagmogram) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENG (Electronystagmography) Testing for Head Contusion: Overturned

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

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

Decision rationale: Vestibular studies, i.e. ENG/VNG are indicated in this patient as guidelines state they are medically indicated to assess patients who are experiencing vertigo, unsteadiness, dizziness or other balance disorders. Records note that this patient does have persistent dizziness. VNG is documented to have been done in April of 2014 with results being interpreted as possibly being consistent with the presence of a perilymphatic fistula. However, as this patient has a myriad of nonspecific and undiagnosed symptoms, repeat of ENG/VNG for better confirmation or non-confirmation of diagnosis of perilymphatic fistula is medically necessary, reasonable and appropriate prior to making a decision/recommendation regarding an invasive surgical procedure. Fine cut CT of the temporal bones may also be useful.