

Case Number:	CM13-0041082		
Date Assigned:	12/20/2013	Date of Injury:	06/06/2003
Decision Date:	03/18/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 patient reported an injury on 06/06/2003. The mechanism of injury was noted to be the symptoms gradually occurred as result of bending over and lifting a large copy machine onto its base when the patient's hand slipped and the machine yanked downwards on the patient's right hand. On 06/13/2013, the patient was noted to be at the clinic for what he stated he believed to be a reaction to Cymbalta. The patient was noted to be dizzy and disoriented. The patient reported a pain score of 7/10 with medications and 9/10 without. The patient was noted to have a bilateral tilt to the head. The most recent documentation indicated the patient was positive for migraine headaches and dizziness. The patient's diagnoses were noted to include cervicalgia, opioid-type dependency, muscle spasm, brachial neuritis, migraine variant, chronic pain syndrome, post-laminectomy syndrome, and cervical spondylosis without myelopathy. The request was made for a vestibular autorotation test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Vestibular Auto-Rotation Test (VAT): 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 Official Disability Guidelines (ODG) Head Chapter, Vestibular Testing.

Decision rationale: Official Disability Guidelines recommend vestibular studies to 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 clinical documentation submitted for review indicated the patient had resolution of the abnormal tilt to the head. Additionally, the patient per recent documentation was noted to have migraine headaches and dizziness. There was lack of recent documentation indicating the patient had unsteadiness and other balance disorders. Given the above, the request for a vestibular autorotation test is not medically necessary.