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| <b>Case Number:</b>   | CM13-0053380 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 02/13/1997 |
| <b>Decision Date:</b> | 04/30/2014   | <b>UR Denial Date:</b>       | 10/01/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/18/2013 |

### 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 Physical Medicine and 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 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 underlying date of injury in this case is 02/13/1997. The treating diagnoses include lumbar postlaminectomy syndrome status hardware removal and refusion with residual burning pain in the left leg, cervicgia status post anterior cervical discectomy and fusion, right knee pain status post total knee replacement, right lower extremity complex regional pain syndrome, history of infections post surgery, sleep disorder, depression, cervicogenic headache, opioid dependence, right sacroiliac joint pain, and poor dental hygiene. On 08/22/2013, the treating pain management physician noted the claimant's complaints of low back pain, right leg pain status post right knee arthroplasty, and neck pain with left arm pain. The treatment plan at that time was to continue multiple medications including Dilaudid, Ambien, methadone, Fentora, Marinol, Lunesta, Zofran, Ativan, Requip, Exalgo, and a trial of Duexis. The treating physician stated that the patient was not addicted and did not meet the definition of clinical addiction. The treating provider noted the patient had a history of repeated falls and therefore a vestibular auto-rotation test was under consideration. On exam the patient was noted to have ongoing back and leg pain with weakness and severe neck pain. The patient was using a double cane for ambulation. It was difficult for the patient to do sit to stand or to do a single-leg stand. An initial physician review recommended that the request for vestibular auto-rotation test be non-certified because there was no documentation of a vestibular dysfunction on the clinical evaluation and because the treatment guidelines were absent on the indication for such a study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VESTIBULAR AUTO-ROTATION TEST QUANTITY:1.00:** Overturned

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

**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

**Decision rationale:** The Official Disability Guidelines indicate that vestibular studies may be indicated for patients who are experiencing problems of vertigo or unsteadiness or dizziness or other balance disorders. The initial physician review in this case states that there is no documentation of vestibular dysfunction; however, that physician review and the medical records in this case do document recent repeated falls, and there was concern by the treating physician that these falls could be vestibular in nature. In this situation, the treatment guidelines do support an indication for the requested auto-rotation test. The treatment guidelines do not specify a preference for which vestibular testing should be chosen when there is a possible vestibular diagnosis. For these reasons, the request is supported by the guidelines. This request should be certified.