MAXIMUS Federal Services

Case Number:	CM14-0004268		
Date Assigned:	02/05/2014	Date of Injury:	10/15/1990
Decision Date:	07/14/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 57-year-old female with a reported date of injury on 10/15/1990. The mechanism of injury was reportedly occurred when providing care for bedridden patient. The physician indicated that the claimant presented with lumbosacral symptoms. The claimant rated her low back pain at 7/10. The claimant denied radiation from the low back, numbness, or tingling in the legs. Upon physical examination, the lumbar spine range of motion revealed flexion to 70 degrees and right and left bending to 10 degrees. In addition, there was negative straight leg raise bilaterally. Motor strength in the hips, knees, and feet were revealed at 5/5. Deep tendon reflexes were 2+ with a negative Babinski, clonus, and normal heel-strike to toe gait pattern. The x-ray of the lumbar spine dated 09/13/2013 revealed mild spondylolisthesis of L2-3 interspace. The x-ray of the left and right hips revealed no significant abnormalities. In addition, the MRI of the lumbar spine dated 09/13/2013, revealed 3.4 mm disc protrusion at L1-2 and degenerative changes at L2-3. According to the documentation provided, the physician has indicated that prior to 07/03/2013, there has been concern over the claimant's over use of opioid medication. The urine drug screen dated 11/15/2013 revealed test results were expected with prescribed medications, except for the 9-carboxy THC, which is a metabolite of marijuana. According to the clinical note dated 10/01/2013, the electrodiagnostics of the lower limbs were normal. The physician indicated that the claimant was taking medications that were not prescribed and would not be allowed to follow the claimant unless she underwent withdrawal from her various different medications. Previous physical therapy and conservative care was not provided within the documentation available for review. Diagnoses included degenerative joint disease/lumbosacral intervertebral disc disease, post laminectomy syndrome lumbar region, postsurgical x2 with radiculopathy, and lumbago. The request for authorization Biodex (static

and dynamic balance testing) was submitted on 01/10/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIODEX (STATIC AND DYNAMIC BALANCE TESTING): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: According to the Official Disability Guidelines, vestibular studies are recommended as indicated. Vestibular studies 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 vestibular portion of the inner ear maintains balance through receptors that process signals produced by motions of the head and associated response of eye reflexes that result in the visual perception of how the body is moving. Vestibular function studies should be performed by licensed audiologist or registered audiology aide working under direct supervision of the audiologist. Alternatively, they can be performed by a physician or personnel operating under a physician's supervision. Clinicians need to assess and identify vestibular impairment following concussion using brief screening tools to allow them to provide more individualized therapy for their significant impairments. These objective measurement techniques should be used to assess the clinical complaints of imbalance from injured workers. The rationale for the request states that the physician indicated he wanted to see what the injured worker can and cannot do. The clinical information provided for review lacks documentation related to complaints of vertigo, unsteadiness, dizziness, and other balance disorders. In addition, the guidelines state that this test can be performed by a physician or personnel operating under a physician's supervision. The clinical information provided for review has multiple concerns dating prior to 06/14/2013 related to the physician's concern for the injured worker utilizing a large amount of opioid medications. The clinical note dated 10/01/2013, the physician indicates that the injured worker was taking medications which the physician did not prescribe and he would not be able to follow her unless she wished to undergo withdrawal from the various different medications. In addition, the urine drug screen dated 11/15/2013 indicated marijuana, of which was not prescribed by the physician. Therefore, the request for Biodex (static and dynamic balance testing) is not medically necessary and appropriate.