

Case Number:	CM14-0050620		
Date Assigned:	06/25/2014	Date of Injury:	10/10/2012
Decision Date:	08/11/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 50 year old male with a date of injury on 10/10/2012. Diagnoses include chronic cervicgia, chronic lumbar backache, recurrent myofascial strain, and upper extremity radicular pain. Subjective complaints are of dizziness, and weakness in the upper extremities with numbness. Documented review of systems does not identify any neurological symptoms. Physical exam shows restricted cervical and lumbar range of motion and diminished sensation in C4-5 in the left upper extremity. Motor strength weakness was present in the left upper extremity. Physical exam does not include any vestibular neurological testing. Prior treatment has included epidural steroid injection, medications, and activity adjustments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Positonal nystagmus test; (Vestibular Autorotational Test (VAT) for cervical spine injury):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Other Clinical Protocol Official Disability Guidelines, (ODG), Treatment Index, 12th edition(web), 2014, 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), Treatment Index,

12th edition (web), 2014, Head--Vestibular studies and Other Clinical Protocol (Standard of Practice Neurology Internal Medicine).

Decision rationale: The ODG states that 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. Other guidelines indicate that a vestibular autorotation test is experimental for the diagnosis of individuals with vestibular disorders, and the clinical utility has not been demonstrated. For this patient, there is not a documented vestibular disorder, either based on symptoms or clinical examination. Furthermore, there is no indication of tinnitus, vertigo, history of imbalance or falls, and there is no consultation evident of an appropriate ENT (otorhinolaryngology) evaluation. Therefore, the request of a positional nystagmus test; (Vestibular Auto rotational Test (VAT) for cervical spine injury) is not medically necessary and appropriate.