

Case Number:	CM14-0053946		
Date Assigned:	07/07/2014	Date of Injury:	04/19/2004
Decision Date:	10/23/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/22/2014

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 Neurology and is licensed to practice in Texas, Massachusetts, and Ohio. 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 52-year-old male who reported an injury on 04/19/2004. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbar sprain, thoracic or lumbosacral neuritis or radiculitis, post laminectomy syndrome, lumbar region. Previous treatments included medication and surgery. Within the clinical note dated 03/10/2014 it was reported the injured worker complained of chronic low back pain and left lower extremity pain status post lumbar surgery. He described the pain as aching and constant. Upon the physical examination, the provider noted the injured worker to be alert and oriented, and in no acute distress. The request submitted is for vestibular autorotation tests. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vestibular Autorotation 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) Head (updated 03/28/14) Vestibular Studies;<http://www.ncbi.nlm.nih.gov/pubmed/18645294>

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 note vestibular studies assess the function of the vestibular portion of the inner ear for patients who are experiencing symptoms of vertigo, unsteadiness, dizziness, or other balance disorders. The vestibular portion of the inner ear maintains balance through receptors that process signals produced by motion of the head and associated responses of eye reflexes that result in the visual perception of how the body is moving. Vestibular function studies should be performed by licensed audiologists or a registered audiology aide working under the direct physically present supervision of the audiologist. Clinicians need to assess the identity of vestibular impairment following concussions using brief screening tools to allow them to move patients into targeted treatment tracks that will provide more individualized therapies for their specific impairments. Patients with mild traumatic brain injury often complain of dizziness. However, these problems may be detected by clinical exam. There is a lack of clinical documentation indicating the injured worker had a traumatic brain injury. The clinical documentation submitted did not indicate the injured worker had symptoms of vertigo, unsteadiness, dizziness, and other balance disorders. Therefore, the request for a vestibular autorotation test (VAT) is not medically necessary.