

Case Number:	CM14-0056222		
Date Assigned:	07/09/2014	Date of Injury:	08/06/2012
Decision Date:	11/14/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/25/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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:

According to the records made available for review, this is a 44-year-old female with an 8/6/12 date of injury. At the time (3/26/14) of request for authorization for Vestibular Test, there is documentation of subjective (low back pain and difficulty performing activities of daily living) and objective (palpable twitch response with trigger points in the cervical spine and painful range of motion; palpable twitch response with trigger points in the thoracic spine; positive straight leg raise bilaterally, tenderness to palpation over the lumbar facet joints, palpable twitch response with trigger points in the lumbar paraspinal muscles, decreased lumbar range of motion, weakness of the bilateral hip flexors and knee flexors/extensors; and decreased sensation over the L5-S1 dermatomes) findings, current diagnoses (lumbar radiculopathy, fibromyalgia/myositis, cervical radiculopathy, muscle spasm, and lumbar pain), and treatment to date (medications and trigger point injections). Medical report identifies a request for vestibular autorotation test to identify problems with vestibular-ocular reflex due to significant dizziness and balance problems interfering with activities of daily living. There is no documentation of supportive objective findings of vertigo, unsteadiness, dizziness, and other balance disorders and a condition/diagnosis for which vestibular studies are indicated (traumatic brain injury and/or following concussion).

IMR ISSUES, DECISIONS AND RATIONALES

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

Vestibular Test: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

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 Other Medical Treatment Guideline or Medical Evidence:
(http://www.aetna.com/cpb/medical/data/400_499/0467.html)

Decision rationale: MTUS does not address this issue. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings of vertigo, unsteadiness, dizziness, and other balance disorders) for which vestibular studies are indicated (such as: traumatic brain injury and/or following concussion), as criteria necessary to support the medical necessity of vestibular studies. Specifically regarding vestibular autorotation test, Medical Treatment Guideline identifies that vestibular autorotation test (VAT) is considered experimental and investigational for the diagnosis of individuals with vestibular disorders or any other indications because its sensitivity, specificity, reproducibility, and clinical utility have not been demonstrated. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, fibromyalgia/myositis, cervical radiculopathy, muscle spasm, and lumbar pain. In addition, there is documentation of a request for vestibular autorotation test (VAT) to identify problems with vestibular-ocular reflex. Furthermore, there is documentation of subjective findings of dizziness and balance problems. However, there is no documentation of supportive objective findings of vertigo, unsteadiness, dizziness, and other balance disorders and a condition/diagnosis for which vestibular studies are indicated (traumatic brain injury and/or following concussion). Therefore, based on guidelines and a review of the evidence, the request for vestibular test is not medically necessary.