MAXIMUS Federal Services

Case Number:	CM14-0083786		
Date Assigned:	07/21/2014	Date of Injury:	06/11/2003
Decision Date:	09/22/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/05/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas 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 64-year-old female who reported an injury on 06/11/2003. The mechanism of injury was not specifically stated. The current diagnosis is lumbar spine radiculopathy. The injured worker was evaluated on 05/09/2014 with complaints of persistent lower back pain. It is noted that the injured worker has been previously treated with medication management, epidural steroid injections, physical therapy, acupuncture, chiropractic treatment, and transcutaneous electrical nerve stimulation (TENS) therapy. The current medication regimen includes Norco 10/325 mg and cyclobenzaprine. Physical examination revealed no apparent loss of coordination, positive straight leg raising on the left, facet tenderness at L3-S1 on the left, an antalgic gait, 50-degree lumbar flexion, 15-degree lumbar extension, and intact sensation. The injured worker is noted to have undergone multiple diagnostic studies, including an MRI of the lumbar spine in 2003, an MRI of the cervical spine in 2004, an MRI of the left shoulder in 2004, and an additional MRI of the lumbar spine in 2008. Treatment recommendations at that time included a vestibular auto-rotational test. A Request for Authorization form was then submitted on 05/14/2014 for vestibular testing.

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: 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 Chapter, Vestibular studies.

Decision rationale: The Official Disability Guidelines state 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. As per the documentation submitted, there is no evidence of vertigo, unsteadiness, dizziness, or other balance disorders. The injured worker is noted to be working part-time and is able to function properly. The medical necessity for the requested testing has not been established. As such, the request is not medically appropriate.