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| Case Number: | CM14-0189335 | | |
| Date Assigned: | 11/20/2014 | Date of Injury: | 10/30/1999 |
| Decision Date: | 01/08/2015 | UR Denial Date: | 10/30/2014 |
| Priority: | Standard | Application Received: | 11/13/2014 |

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This injured worker is a 65 year old male with date of injury of 10/30/1999. A review of the medical records indicates that the patient is undergoing treatment for cervical and lumbar radiculopathy. Subjective complaints include continued 7/10 pain in his neck, lower back, and hips with some radiation down bilateral lower extremities. Objective findings include tenderness to palpation of the cervical and lumbar spine with limited range of motion and positive straight leg raise bilaterally. Treatment has included Voltaren, Lortab, Cymbalta, Lidoderm, OxyContin, Zanaflex, and Norco. The utilization review dated 11/13/2014 non-certified Vat's Testing, Balance/Fall assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Vat's Testing balance/fall assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, (trauma, headaches, etc., not including stress & mental disorders)

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: Vat's testing balance/fall assessment are under the general category of vestibular studies, which the MTUS does not address, the ODG does. The ODG states the following: "Recommended as indicated below. 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 the associated responsive 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. Alternately, they can be performed by a physician or personnel operating under a physician's supervision. (Curthoys, 2010) Clinicians need to assess and identify vestibular impairment following concussion using brief screening tools to allow them to move patients into targeted treatment tracks that will provide more individualized therapies for their specific impairments. (Kontos, 2013) Patients with mild traumatic brain injury (TBI) often complain of dizziness. However, these problems may be undetected by a clinical exam. Balance was tested using computerized dynamic post-urography (CDP). These objective measurement techniques should be used to assess the clinical complaints of imbalance from patients with TBI." This employee has no complaints of dizziness, unsteadiness, vertigo, or history of TBI. Therefore, the request for Vat's testing balance/fall assessment is not medically necessary.