

Case Number:	CM14-0204396		
Date Assigned:	12/16/2014	Date of Injury:	03/02/1999
Decision Date:	02/04/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 54 year old male with an injury date of 03/02/99. Based on the 09/08/14 progress report, the patient complains of low back pain and right shoulder pain with a pain scale of 5/10. He is having problems with sleeping, and describes his pain as aching and constant. There is tenderness to palpation occipital, cervical spine with significant myofascial spasms and tenderness along the trapezius musculature. Based on the 10/06/14 progress report, the patient complains of tenderness to palpation on the lumbar spine and paraspinal musculature of the low back with trigger points palpated. Based on the 11/03/14 progress report the information provided were the same complaints from previous progress notes. The patient's diagnoses includes the following: 1. Radiculopathy, L/S2. Rotator cuff3. Bursitis, shoulder The utilization review determination being challenged is dated 11/13/14. Treatment reports were provided from 05/19/14-11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Balance / fall assessment 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 (Trauma, Headaches, etc, not including stress & mental disorders), 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) Head Chapter, Vestibular studies

Decision rationale: The 54 year-old male presents with chronic back and shoulder pain from a 3/2/1999 industrial injury. The request is for a balance/fall VAT (Vestibular autorotation testing) assessment test. Six medical reports were reviewed from 5/14/14 through 11/3/14 for discussion on balance disorders, vertigo, unsteadiness, falls, or head/inner ear involvement/trauma. There is no discussion provided on rationale for the testing, no mention of vestibular disorders, balance problems, or falling. The diagnoses suggest lumbar radiculopathy and a shoulder injury. MTUS/ACOEM did not discuss balance/fall assessment. Official Disability Guidelines-TWC guidelines, Head chapter online for Vestibular studies states: 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. Based on the available records, vestibular testing for this case is not in accordance with Official Disability Guidelines. The request for Balance / fall assessment test (VAT) is not medically necessary.