Case Number:	CM15-0143628		
Date Assigned:	08/04/2015	**Date of Injury:**	01/21/1999
Decision Date:	09/08/2015	**UR Denial Date:**	07/09/2015
Priority:	Standard	**Application Received:**	07/24/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, California
Certification(s)/Specialty: Family Practice

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 is a 69 year old male patient who sustained an industrial injury on 01-21-1999. Diagnoses include lumbar spine radiculopathy, lumbosacral spondylosis without myelopathy, lumbar failed back syndrome and fibromyalgia-myositis. Per the physician progress note dated 07-06-2015 he had complaints of low back pain; bilateral lumbosacral paraspinous pain at 6/10. He is having better sleep and an increase of function and resolution of leg pain since having the spinal cord stimulator implanted. He had no focal neurological changes. The physical examination revealed no apparent loss of coordination; slightly stooped posture but moves easily on and off the examination table; mild lumbosacral paraspinal tenderness. The medications list includes norco. He has undergone spinal cord stimulator implantation on 5/4/2015 and spinal cord stimulator trial on 3/23/2015. His surgical history includes right shoulder surgery, cervical fusion in 2010, CT guided post laminectomy cyst aspiration in 3/2014; lumbar fusion L2-S1 on 8/1/2013, lumbar fusion L3-4 on 5/1/2011 and lumbar laminectomy on 5/1/2009. He has had lumbar CT scan on 1/19/2015; EMG/NCS upper extremities on 1/17/2014; cervical MRI dated 4/6/2009. He has had physical therapy, acupuncture and nerve blocks. He had syncopal episode and fall on 1/2/2012. Per the doctor's note dated 5/13/14, his medications sometimes made him dizzy. Per the note dated 7/18/2012, he had impaired gait and balance associated with low back pain, spasm and limited range of motion. Per the treatment plan, he has significant dizziness and balance problems interfering with her activities of daily living. Testing is ordered and if it comes up positive would recommend a vestibular rehabilitation program for 4-6 weeks. Treatment requested is for Vestibular auto rotational (VAT) testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vestibular autorotational (VAT) testing: 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: Vestibular studies (2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Head (updated 07/24/15), Vestibular studies.

Decision rationale: Vestibular autorotational (VAT) testing; Per the cited guidelines vestibular studies are "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 posturography. (CDP) These objective measurement techniques should be used to assess the clinical complaints of imbalance from patients with TBI. (Kaufman, 2006)" A detailed neurological examination related to dizziness is not specified in the records provided. A detailed history of dizziness or balance problems since the date of injury is not specified in the records provided. Per the records provided patient had no focal neurological changes and no apparent loss of coordination. A detailed audiometry or ENT examination is not specified in the records provided. The medical necessity of Vestibular auto-rotational (VAT) testing is not fully established for this patient. The request is not medically necessary.