

Case Number:	CM15-0162407		
Date Assigned:	08/28/2015	Date of Injury:	05/15/2014
Decision Date:	09/30/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/18/2015

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: Arizona, 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 53-year-old male with a May 15, 2014 date of injury. A progress note dated August 6, 2015 documents subjective complaints (neck pain; lower back pain), objective findings (pain with palpation of the bilateral lumbar facets at the L3-S1 region; decreased motor strength with hip flexion bilaterally; decreased sensation in the C6 distribution, and L4-L5 region bilaterally; decreased range of motion of the cervical spine but improved since cervical epidural steroid injection), and current diagnoses (lumbar spine radiculopathy; cervical radiculopathy; cervical spondylosis; lumbar spondylosis). Treatments to date have included cervical epidural steroid injection, magnetic resonance imaging of the lumbar spine, and medications. The treating physician documented a plan of care that included a vestibular auto rotational test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vestibular autorotational test: 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), Vestibular studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Am Fam Physician. 2010 Aug 15; 82 (4): 361-368. Dizziness: A Diagnostic Approach.

Decision rationale: According to the referenced literature, vestibular testing is indicated for those with vertigo. Although medications and neurological or ENT pathology can cause this, the exam notes do not indicate ENT or neurological clinical exam or subjective complaints to warrant vestibular testing. As a result, the request is not medically necessary.