MAXIMUS Federal Services

Case Number:	CM15-0189085		
Date Assigned:	10/01/2015	Date of Injury:	10/30/2014
Decision Date:	11/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/25/2015

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: Massachusetts
Certification(s)/Specialty: Anesthesiology, Pain Management

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 40 year old female who sustained an industrial injury on 10-30-2014. Current diagnoses include failed back syndrome-lumbar. Report dated 08-18-2015 noted that the injured worker presented with complaints that included low back, ankle, right hip, and knee pain. Pain level was 8 (least) and 10 (worst) out of 10 on a visual analog scale (VAS). Physical examination performed on 08-18-2015 revealed a positive straight leg raise on the right, anterior lumbar flexion, extension, and lateral flexion causes pain, decreased sensation in the L5-S1 distribution, tenderness to palpation over the trochanteric bursa on the right, the left ankle has a brace and us painful to touch, and left knee has increased tenderness to palpation over the medial joint line. Previous treatments included medications, surgical intervention, and physical therapy. The treatment plan included discussing opioid rotation, requests for caudal epidural injection, chiropractic, cognitive behavioral therapy, and acupuncture, urine drug screen was performed, and reviewed opioid contract. The utilization review dated 08-27-2015, non-certified the request for vestibular autorotation test for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vestibular Autorotation test for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: The ACOEM Chapter 2 on General Approaches indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the use of a vestibular autorotation test of the lumbar spine. Therefore at this time the requirements for treatment have not been met, and the request is not medically necessary and has not been established.