

Case Number:	CM15-0204015		
Date Assigned:	10/20/2015	Date of Injury:	04/29/2009
Decision Date:	12/08/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/16/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 50 year old female, who sustained an industrial injury on 4-29-09. Medical records indicate that the injured worker is undergoing treatment for lumbar spondylosis, hip pain, lumbar failed back syndrome and trochanteric bursitis. The injured workers current work status was not identified. On (9-4-15) the injured worker complained of severe sacroiliac joint pain, buttock pain and left hip pain. Occasional clicking and popping were noted. The pain increased with activity and decreased with rest. The pain was rated 6 out of 10 on the visual analogue scale. Physical examination revealed no significant changes. Examination of the lumbar spine revealed tenderness to palpation over the lumbar facets on both sides of lumbar three-sacral one. Palpation of the greater trochanteric bursa noted pain on the left side. Range of motion was painful. Tenderness to palpation was noted in the left groin. Left hip range of motion was decreased. Treatment and evaluation to date has included medications, urine toxicology screen, MRI Arthrogram of the left hip (8-4-15), CT scan of the lumbar spine, lumbar facet nerve blocks, a lumbar two-lumbar three fusion, a lumbar four-lumbar five laminectomy and foraminotomy, and a left sacroiliac joint fusion. Treatments tried and failed include a sacroiliac joint injection. Current medications include Percocet, Soma, Tramadol and Meloxicam. The current treatment request is for a Vestibular Autorotation test (VAT). The Utilization Review documentation dated 9-18-15 non-certified the request for a Vestibular Autorotation test (VAT).

IMR ISSUES, DECISIONS AND RATIONALES

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

Vestibular autorotational test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines and Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head, Vestibular studies.

Decision rationale: MTUS and ACOEM are silent concerning vestibular autorotational test. ODG states the request is recommended as indicated here. 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). See also, Computerized dynamic posturography (CDP). The treating physician has provided documentation to meet the above guidelines at this time. As such, the request for vestibular autorotational test is medically necessary at this time.