

Case Number:	CM15-0211811		
Date Assigned:	10/30/2015	Date of Injury:	10/25/2000
Decision Date:	12/14/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/27/2015

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 66 year old female who sustained an industrial injury on 10-25-2000. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar failed back syndrome, lumbar spine radiculopathy, osteoarthritis involving multiple sites, lumbar spondylosis and fibromyalgia-myositis. According to the progress report dated 8-25-2015, the injured worker complained of low back pain. She rated her pain 4 out of 10 with radiation to the right lower extremity. She denied any new symptoms or neurological issues. She reported more than 75% analgesic benefit from a caudal epidural steroid injection. She reported that her last magnetic resonance imaging (MRI) was more than 4 years ago. Objective findings (8-25-2015) revealed the injured worker transitioned from seated to standing with mild difficulty. Range of motion was limited. There was tenderness to palpation over the right thoracolumbar area. Straight leg raise test was positive on the right at 50 degrees. Treatment has included caudal epidural steroid injection (7-24-2015), and medications. Current medications (8-25-2015) included Norco, Neurontin, Paxil and Senokot S. The request for authorization was dated 9-22-2015. The original Utilization Review (UR) (9-24-2015) denied a request for a vestibular autorotational test (VAT) and open magnetic resonance imaging (MRI) of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vestibular Autorotational 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 Procedure Summary Online Version last updated 07/24/2015; http://www.aetna.com/cbp/medical/data/400_499/4067.hhtmltml.

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 and pg 36.

Decision rationale: According to the guidelines, 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. In this case, complaints of vestibular disorders or related exam findings that would support the need for vestibular testing was not provided. As a result, the request for testing is not medically necessary.

Open MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Low Back Procedure Summary Online Version last updated 07/17/2015.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The claimant had known radiculopathy and prior ESIs for intervention. There are no acute findings or changes that require imaging to alter treatment modalities. The request for an MRI of the lumbar spine is not medically necessary.