

Case Number:	CM15-0059798		
Date Assigned:	04/06/2015	Date of Injury:	03/02/2005
Decision Date:	05/05/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old female, who sustained an industrial injury on 3/2/2005. She reported injury of the low back. The injured worker was diagnosed as having lumbar failed back syndrome, muscle spasm, lumbar spine radiculopathy. Treatment to date has included laboratory evaluations, spinal cord stimulator, medications, and multiple back surgeries. The request is for vestibular auto-rotational test. On 3/18/2015, Utilization Review non-certified indicating the requested vestibular auto-rotational test is only for patients with a history of traumatic brain injury. On 3/11/2015, she presented with complains of low back pain, and requests for refills of medications. She denies any new neurological issues. There are no current diagnostic studies available for this review. The treatment plan included: refilling medications, follow up in one month, request of vestibular auto-rotational test for her complaint of dizziness and balance problems.

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, Head chapter (updated 1/21/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders) Vestibular studies.

Decision rationale: The injured worker sustained a work related injury on 3/2/2005. The medical records provided indicate the diagnosis of lumbar failed back syndrome, muscle spasm, lumbar spine radiculopathy. Treatment to date has included laboratory evaluations, spinal cord stimulator, medications, and multiple back surgeries. The medical records provided for review do not indicate a medical necessity for Vestibular Autorotational test. The MTUS recommend is silent on this, but the Official Disability Guidelines recommends the use of Vestibular Autorotational test individuals with Traumatic Brain injury who are suffering from dizziness. The record do not indicate the injured worker is being treated for Traumatic Brain injury. Therefore, the request is not medically necessary.