

Case Number:	CM13-0030447		
Date Assigned:	11/27/2013	Date of Injury:	04/03/2000
Decision Date:	01/23/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old female with injury from 04/30/2000. Diagnoses from 8/20/13 report shows multifocal pain of the back, knee and depression. This report is by [REDACTED] and describes a patient with left knee, low back and neck pain, occasional left knee swelling, radiation to her legs from low back, and upper back pain as well. Medications help and they keep her functional. The patient is on a long list of medications including Ambien CR, Effexor, Imitrex, Miralax, Neurontin, Percocet, Prilosec, Topamax, Voltaren, Xanax and Lidoderm patches. Neurologic examination was normal, mild fluid noted left knee. Patient's gait was antalgic. The treater notes on treatment plan that the patient has significant dizziness and balance problems, interfering with ADLs (Activities of Daily Living). Patient has increased chances of falls and he recommended vestibular autorotational test, to identify problems with vestibule-ocular reflex. Review of the reports from 2/5/13 to 10/17/13 do not show any other mention of the patient's dizziness and balance problems. No documentation of fall. 2/5/13 report does state that the patient was recently hospitalized at psych ward for suicidal ideations but released 2 weeks afterwards and her mood was stable on Effexor.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Vestibular 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, Vestibular studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletin: Vestibular Autorotation Test (VAT).

Decision rationale: This patient suffers from chronic neck and low back pains with knee pain as well. The patient is on multi-regimen medications for chronic pain, and suffers from depression and anxiety. The patient was noted by the treater on 8/20/13 to complaint of dizziness and balance problems. All other reports reviewed for the year 2013 do not describe this problem. The treater has requested vestibular autorotation test (VAT) testing. There is no documentation that the patient has had any other treatments or diagnostic work up for dizziness/balance complaints. MTUS, ACOEM and ODG guidelines do not discuss VAT testing. However, AETNA and BlueCross/BlueShield guidelines both consider this testing investigational experimental and do not recommend it for diagnostic purposes. Therefore the request for Vestibular test is not medically necessary or appropriate.