MAXIMUS Federal Services

Case Number:	CM14-0143981		
Date Assigned:	09/12/2014	Date of Injury:	07/29/1999
Decision Date:	10/10/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Preventive Medicine 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 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/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:

According to the records made available for review, this is a 56-year-old male with a 7/29/99 date of injury. At the time (8/26/14) of the Decision for one balance test, there is documentation of subjective (low back pain rated 6/10) and objective (bilateral lumbar paravertebral tenderness and trigger points, positive straight leg raise bilaterally) findings, current diagnoses (thoracic or lumbosacral neuritis), and treatment to date (medication and epidural steroid injections). There is no documentation of symptoms of vertigo, unsteadiness, dizziness, and other balance disorders.

IMR ISSUES, DECISIONS AND RATIONALES

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

One balance test: Upheld

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

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

Decision rationale: MTUS does not address the issue. ODG identifies documentation of symptoms of vertigo, unsteadiness, dizziness, and other balance disorders, as criteria necessary to support the medical necessity of vestibular studies. Within the medical information available

for review, there is documentation of diagnoses of thoracic or lumbosacral neuritis. However, there is no documentation of symptoms of vertigo, unsteadiness, dizziness, and other balance disorders. Therefore, based on guidelines and a review of the evidence, the request for one balance test is not medically necessary.