

Case Number:	CM15-0113053		
Date Assigned:	06/19/2015	Date of Injury:	09/19/2000
Decision Date:	07/27/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/11/2015

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, 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:

The injured worker is a 51 year old female who reported an industrial injury on 9/19/2000. Her diagnoses, and/or impressions, are noted to include: residuals of cervical supra-scapular and lumbosacral strains; cervical and lumbosacral degenerative disc disease; cervical and lumbar disc protrusion with radiculopathies; cervicgia and lumbago; post-arthroscopic surgery of the left shoulder, with residuals; carpal tunnel syndrome; myalgias; and anxiety with depression. Nerve Conduction Velocity studies are noted on 10/29/2014; no current imaging studies are noted. The patient has had X-ray of the lumbar spine that revealed degenerative changes; X-ray of the cervical spine that revealed probable muscle spasm. The patient has had MRI of the lumbar and cervical spine that revealed disc protrusion. The medication list includes Tramadol, Omeprazole, Gabapentin, Ibuprofen and Elavil. Her treatments have included multiple consultations; diagnostic x-rays and imaging studies; medication management with toxicology screenings; and rest from work. The progress notes of 4/15/2015 reported a re-evaluation of neck and low back pain that is severe at all times without medications. She stated her pain radiated to both legs causing difficulty with walking and was associated with numbness and tingling in her legs; swelling in her legs; and of poor balance with the feeling she will fall down. Objective findings were noted to include that she appeared uncomfortable and depressed; swelling in the bilateral lower extremities; positive Spurling's, Patrick's facet loading and straight leg raising tests; decreased sensation to the left hand and foot; diffuse weakness in the bilateral upper and lower extremities; 18/18 tender points; swelling and tenderness over both hands and legs; and tenderness over the cervical para-spinal muscles, upper trapezius, scapular border, lumbar para-

spinal muscles, sacroiliac joint region, greater trochanteric bursa, knees and shoulders. The physician's requests for treatments were noted to include balance testing to evaluate her instability and constant sensation of imbalance. Patient sustained the injury due to slip and fall incident. Per note dated 5/20/15 patient had complaints of low back pain with radiculopathy at 9- 10/10. Physical examination of the low back revealed positive SLR, Patrick test, Facet loading test, decreased sensation and strength in LE and tenderness on palpation. A detailed recent physical examination of the head or central nervous system was not specified in the records provided. Any evidence of dizziness or TBI (traumatic brain injury) was not specified in the records provided. A detailed history regarding imbalance, vertigo or dizziness was not specified in the records provided. Any recent lab reports were not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Balance testing for falls: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 13th edition, web, Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (updated 01/21/15) Computerized dynamic posturography (CDP).

Decision rationale: ACOEM/ODG state guideline does not specifically address this issue. Hence ODG used. As per the cited guideline "Computerized dynamic posturography (CDP): Recommended as indicated below. Computerized dynamic posturography (CDP) is a non-invasive test of balance using a specialized clinical assessment technique used to quantify the central nervous system adaptive mechanisms (sensory, motor and central) involved in the control of posture and balance. Dynamic posturography is a method of measuring balance under controlled laboratory conditions. It can provide information on the degree of imbalance present in an individual but is not intended to diagnosis specific types of balance disorders. 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". Detailed recent physical examination of the head or central nervous system was not specified in the records provided. Any evidence of dizziness or TBI was not specified in the records provided. A detailed history regarding imbalance, vertigo or dizziness was not specified in the records provided. Electrodiagnostic studies documenting objective evidence of neurological deficits in the lower extremities that may cause problems with balance were not specified in the records provided. Recent lab reports to detect conditions that may be contributing to a tendency to falls was not specified in the records provided. A rationale for balance testing for falls was not specified in the records provided. The request of the request for Balance testing for falls is not medically necessary or fully established for this patient.