

Case Number:	CM15-0145837		
Date Assigned:	08/06/2015	Date of Injury:	01/31/2002
Decision Date:	10/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: California

Certification(s)/Specialty: Otolaryngology

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 56 year old male with an industrial injury dated 01-31-2002. His diagnoses included radiculopathy: cervical, cervical sprain/strain, whiplash, radiculopathy lumbar spine, degenerative disc disease: lumbar and carpal tunnel syndrome. Prior treatment included medications and diagnostics. He presents on 05/08/2015 with complaints of work related neck pain. He reports he is taking Norco and noted it helped with activities of daily living. He reported the least pain as 5 out of 10 and the worst as 10 out of 10. Physical examination of the cervical spine revealed palpable twitch positive trigger points noted in the muscles of the head and neck. There was pain associated with range of motion. Palpation of the lumbar facet revealed pain on both sides of the lumbar 3-sacral 1 region. There was also pain with range of motion. The provider documented the injured worker had significant cervical disc disease with compression of the cervical cord and would benefit from a spine surgical referral. Other treatment plans included follow up with cardiologist for pitting edema in bilateral lower extremities and continue Norco. The provider also documents the injured worker has been identified to have significant dizziness and balance problems interfering with activities of daily living and recommended vestibular auto rotational test (if positive) then a vestibular rehabilitation program for 4-6 weeks. The request for 6 sessions of chiro, cervical spine is authorized. The treatment request is for vestibular training, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vestibular training, 6 sessions: 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 Bojrab DJ and Bhansali SA. Objective Evaluation of a patient with dizziness. Chp. 9 in The Ear - Comprehensive Otology, Canalis and Lambert, 2000, pp 181-196. Strasnick B and Haynes D. Otologic history and physical examination of the ear. Chp 7 in The Ear - Comprehensive Otology. Canalis and Lambert. 2000. pp 159, 163-4.

Decision rationale: There is a single mention in one summary within the provided records that states "generalized dizziness and weakness". Per above guidelines, further evaluation with history and physical as well as vestibular studies as indicated are necessary prior to determining any necessary treatment, including that of vestibular rehabilitation. Therefore, the request for Vestibular Training, 6 sessions is not medically necessary.