

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 8/16/2013

[REDACTED]

[REDACTED]

Employee:

[REDACTED]

[REDACTED]

Date of UR Decision:

7/1/2013

Date of Injury:

11/24/1998

IMR Application Received:

7/11/2013

MAXIMUS Case Number:

CM13-0001220

- 1) MAXIMUS Federal Services, Inc. has determined the request for vestibular testing **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/11/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/15/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for vestibular testing **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Otolaryngology, 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013

“Injured worker (IW) is a 65 year old male and was Injured on 11/24/98. He was lifting a box containing a computer when he noted neck and low back pain. Occupation: sales associate. PMH: diabetes, smoking, obesity, CAD and a prior right ankle injury 1987, Treatment history: lumbar laminectomy in 1999; cervical fusion in 2000 and a revision laminectomy in 2001; right rib resection for thoracic outlet in 2003; 2 level disc replacement in 2007; revision of cervical fusion 2010; major depressive disorder treated as well; SCS was certified in the past Per 05/13 notes in EZAccess, he suffered a heart attack while driving; left ankle fractured in the MVA He has poorly controlled diabetes, hypertension, fibromyalgia, seizure disorder and 2 stokes and cardiac disease. IW is sip cardiac arrest, and has developed mental deterioration with loss of memory. He has had multiple cervical and lumbar spine surgeries/fusions with poor results. He is taking Dilaudid, Vicodin ES and Elavll. He has history of diabetic infections with ulcers and osteomyelitis and amputation of right big toe.

“[REDACTED] exam on 5/09/13 indicated that IW has dizziness and balance difficulties, which interferes with ADLs. He was taking extensive medications including MS 90 mg/day, Ambien 10 mg, Lexapro, gabapentin 900 mg/day, MS Contin 90 mg/day and oxycodone 60 mg/day. Exam shows he is alert and oriented; mood and affect normal; no acute distress; good hygiene; no apparent loss of coordination. Lumbar spine shows pain over the lumbar intervertebral spaces (discs) on palpation: anterior lumbar flexion causes pain. New information sent for this RECON was office note from [REDACTED] NP on 6/06/13 indicating that IW thought he needed surgery for his severe LBP. He was in moderate distress with no apparent loss of coordination. Exam showed localized TIP in the back, limited ROM and positive SLR tests bilaterally. There were no symptoms or findings documented concerning dizziness or other vestibular problems.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review dated 7/11/2013
- Utilization Review Determination provided by [REDACTED]
- Medical Records [REDACTED]
- Official Disability Guidelines (ODG), Current Version, Head Chapter, Vestibular Studies

1) Regarding the request for vestibular testing:**Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Current Version, Head Chapter, Vestibular Studies, a medical treatment guideline (MTG) that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator not relevant and appropriate for the employee's clinical circumstance. The Expert Reviewer found that the MTUS does not address the requested treatment. The Expert Reviewer found no applicable and relevant MTG after a search of the National Guideline Clearinghouse (www.ngc.gov). The Expert Reviewer found no Nationally Recognized Professional Standard that was applicable and relevant to the issue at dispute. The Expert Reviewer found no Expert Opinion that was applicable and relevant to the issue. The Expert Reviewer stated that the generally accepted standards of medical practice were the highest level of the hierarchy applicable to the issue at dispute.

Rationale for the Decision:

The employee injured his neck and low back in an accident on 11/24/1998. He has had multiple spine surgeries/fusions with poor results. The employee is status post cardiac arrest and has developed mental deterioration and loss of memory. He is taking Dilaudid, Vicodin, and Elavil and has a history of diabetic infections with ulcer, osteomyelitis, and amputation of the right big toe. A request was made for vestibular testing.

The medical records submitted and reviewed do not indicate balance problems or dizziness, other than a single statement by the provider that the employee was having significant dizziness and balance problems. There is no history of otologic symptoms or disease and the employee is on a myriad of narcotic and other analgesics. The generally accepted standards of medical practice are to evaluate existing medical and physical problems as a source of dizziness and imbalance. The request for vestibular testing is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.