

<b>Case Number:</b>	CM13-0016372		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 & Rehabilitation, 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:

The patient is a 60-year-old female who reported an injury on 05/01/2013 due to a motor vehicle accident. The patient was initially diagnosed with a cervical strain, labyrinthine concussion, balance impairment, and thoracic sprain. The patient underwent magnetic resonance imaging (MRI) of the cervical spine that revealed degenerative vertebral changes and a small central annular tear at the C2-3 level. The patient's most recent clinical exam findings include difficulty with tandem walking, tenderness over the cervical paraspinous and upper trapezius musculature, and tenderness over the left temporal mandibular joint. The patient's diagnoses included cervical strain, labyrinthine concussion, balance impairment, thoracic sprain, bilateral temporomandibular joint syndrome, and sleep disturbances secondary to pain. The patient's treatment plan included medication, physical therapy, and vestibular therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vestibular therapy for balance and gait training 3 x 4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head and Neck 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 and Neck Chapter, Vestibular Physical Therapy Rehabilitation, Physical Medicine.

**Decision rationale:** The requested vestibular therapy for balance and gait training 3 times a week for 4 weeks is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the employee had a head injury followed by symptoms to include dizziness and imbalance. The ODG guidelines do recommend vestibular therapy for balance and gait training for patients with symptoms of dizziness and impaired gait. However, the ODG guidelines recommend a 6 visits clinical trial of all physical medicine methods to establish the efficacy of that treatment modality. Although the need for this type of therapy may be clinically indicated, the requested 3 times a week for 4 weeks exceeds this recommendation. The clinical documentation submitted for review does not provide any evidence of exceptional factors to exceed guideline recommendations. As such, the requested decision for vestibular therapy for balance and gait training 3 times a week for 4 weeks is not medically necessary or appropriate.