

Case Number:	CM13-0029210		
Date Assigned:	11/01/2013	Date of Injury:	05/23/2013
Decision Date:	03/18/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/24/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with the date of injury May 23, 2013. The utilization review determination dated September 10, 2013 recommends modified certification of physical therapy and chiropractic care. Nine chiropractic sessions were requested and 4 were authorized; 9 physical therapy sessions were requested and 2 were authorized. Chiropractic treatment was modified to allow for visits for a trial of Epley's maneuver. Physical therapy treatment was modified to allow 2 visits for education, counseling, and evaluation of home exercise. A progress report dated August 30, 2013 indicates the patient has complaints of dizziness which has plateaued. The dizziness is described as a spinning, vertiginous sensation. This is made worse with postural changes. Other complaints include intermittent tightness of the job and posterior neck bilaterally to her shoulders. Physical examination identifies a normal physical examination including the head, cervical spine (with the exception of tenderness in the paraspinal region), and neurologic systems. Diagnoses include probable benign paroxysmal positional vertigo related to a head injury and cervical sprain/strain. Current treatment plan recommends reviewing the CT scan at [REDACTED] to make sure the bony structures were evaluated, physical therapy with heat, massage, ultrasound, electrical stimulation, and mobilization to the cervical spine twice a week for 3 weeks, and Epley's maneuver along with cervical mobilization. A progress report dated June 5, 2013 includes a diagnosis of cervical sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care, QTY 9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chiropractic treatment for epley and the National Guideline Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, the currently requested 9 treatment sessions exceeds the initial trial recommended by guidelines of 6 visits. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.

Physical Therapy, QTY 9: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chiropractic treatment for epley and the National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Vestibular PT rehabilitation and <http://www.webmd.com/brain/liberatory-maneuvers-for-vertigo>

Decision rationale: Request for physical therapy, California MTUS and ACOEM guidelines do not contain criteria for the treatment of paroxysmal positional vertigo with physical therapy. WebMD indicates that Epley and Semont maneuvers are exercises used to treat benign paroxysmal positional vertigo and can be done by a doctor or a physical therapist. They note that a single 10 to 15 minute session usually is all that is needed. ODG states that vestibular physical therapy rehabilitation is recommended for patients with testicular complaints including dizziness and balance dysfunction. Vestibular rehabilitation has been shown to be associated with improvements in independence and dynamic visual acuity. Within the documentation available for review, the requesting physician has indicated that the patient has probable benign paroxysmal positional vertigo related to a head injury. Additionally, the patient has significant complaints of dizziness and spinning which is made worse by postural changes. Therefore, the use of physical therapy for a trial of Epley maneuver as well as vestibular physical therapy rehabilitation is reasonable. As such, the currently requested physical therapy is medically necessary.