

Case Number:	CM13-0034069		
Date Assigned:	01/03/2014	Date of Injury:	07/10/2011
Decision Date:	03/27/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/11/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 has a date of injury 7/10/11. His diagnoses have included left lumbosacral strain , left lumbar radiculopathy, Myofascial pain syndrome, major depressive disorder. The patient has had a lumbar spine injury treated a trial of epidural steroid injections and conservative therapy without much benefit. He ended up a lumbar fusion surgery on 2/19/13. Postoperatively patient started having intermittent dizzy spells, nausea, and balance issues. The documentation indicates that the first report of vertigo for which the patient was referred to an ear, nose, throat physician was on 4/6/13. There is a request for 6 sessions of balance retraining and posturography. There is an 8/15/13 document by patient's ear nose and throat physician stating that he felt that it is reasonable medical probability that the patient's vestibular injury, if related to the events occurring after his spine surgery, have been compensated. The electronystagmography results revealed no gaze, spontaneous or positional nystagmus. The DixHallpike test benign paroxysmal positioning vertigo (SPPV) was negative for both sides. Caloric irrigation produced robust and symmetrical nystagmus. Caloric fixation suppression was normal. Saccadic eye velocity and accuracy were normal. Visual pursuit and optokinetic tests were normal and symmetrical He recommended vestibular rehabilitation exercises to keep the patient active and at least 6 sessions of balance retraining and posturography using a digital computerized balance platform.A 9/12/13 primary treating physician note states that the patient presents for follow up of low back and left knee pain and vertigo. He still has to have low back pain with radiation.into the left lower extremity. He also has pain in the left knee. He is having right knee pain. He continues to have imbalance and vertigo, and has finished his studies recommended by the ear nose and throat doctor. He is receiving treatment for gait. His pain is worsening. On physical exam the patient is alert and oriented x 3. The patient ambulates to the examination room without

assistance. His gait is antalgic. His left knee has joint line tenderness noted, more in lateral aspect and over the patella. He has mild tenderness medially. Positive crepitus is noted. His right knee has tenderness to palpation at the patella. There is no laxity. Per 8/6/13 document from the patient's ear,nose,throat physician there is documentation that Vestibular rehabilitation was initiated during patient's admission to the hospital then continued until present. A 5/22/13 document from the patient's primary treating physician indicates patient has had 12 vestibular rehab treatments approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Balance Retraining and Posturography x 6 sessions: 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 Chapter, Online edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head- Computerized dynamic posturography (CDP), Head- Vestibular PT rehabilitation.

Decision rationale: Balance Retraining and post-urography x 6 sessions is not medically necessary per ODG guidelines. The MTUS does not specifically discuss balance retraining and post urography. The ODG states that vestibular rehabilitation is recommended for patients with vestibular complaints (dizziness and balance dysfunction), such as with mTBI/ concussion. Similarly the ODG states that posturography objective measurement techniques should be used to assess the clinical complaints of imbalance from patients with TBI. Documentation indicates that patient has not had a TBI or traumatic brain injury. Documentation states that patient has had electronystagmography testing which revealed normal results. There is also documentation that patient was already authorized 12 vestibular therapy visits. At this point the patient should be versed in a home exercise program. The MTUS recommends a fading of physical medicine treatment frequency plus an active self-directed home program. Without evidence of abnormalities on electronystagmography balance retraining and post-urography x 6 sessions is not medically necessary.