

<b>Case Number:</b>	CM13-0053044		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 and is licensed to practice in New York and Texas. 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 63-year-old injured worker who reported an injury on 11/27/2012, secondary to a fall. The patient was diagnosed with displacement of intervertebral disc without myelopathy and unspecified concussion. The patient was seen by [REDACTED] on 10/28/2013. The patient presented with headache and imbalance. Physical examination revealed nystagmus on lateral gaze, difficulty with smooth pursuit, imbalance with positive Romberg's testing, positive field cut, severe tenderness to palpation of the midback with pain on percussion in the midline as well as a depressed mood and affect. Treatment recommendations included an MRI of the brain and thoracic spine, continuation of vision therapy and a referral for cognitive rehabilitation times 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-305.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant as to the selection of an imaging test to define a potential cause, including an MRI for neural or other soft tissue abnormality. As per the documentation submitted, there was no significant change in the patient's physical exam symptoms or physical examination findings. There was no documentation of a significant musculoskeletal or neurological deficit with regards to the thoracic spine. There was also no documentation of a recent failure to respond to conservative treatment prior to the request for an imaging study. The request for a MRI of the thoracic spine is not medically necessary and appropriate.

**Continue Vision therapy:** 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, Vestibular PT Rehabilitation

**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

**Decision rationale:** The Official Disability Guidelines state that vestibular physical therapy rehabilitation is recommended for patients with vestibular complaints, including dizziness and balance dysfunction. Documentation of the previous course of vision therapy was not provided. Additionally, it was noted by [REDACTED] that a report from the vision specialist was reviewed; however, this report was not provided for this review. The request for continued vision therapy is not medically necessary and appropriate.

**Six sessions of cognitive therapy:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that behavioral therapy is recommended. The California MTUS Guidelines utilize the ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request for 6 sessions of cognitive behavioral therapy exceeds the guideline recommendations. The request for six sessions of cognitive therapy is not medically necessary and appropriate.