

<b>Case Number:</b>	CM13-0063446		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/13/2011
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 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 injured worker is a 50-year-old male who reported an injury on 01/13/2011, after a fall. The injured worker's treatment history included 3 weeks of a functional restoration program, medications for managing chronic pain, and physical therapy. An appeal for continuation of the injured worker's functional restoration program was made on 09/30/2013. It was documented that the injured worker was able to reduce his medications and was learning appropriate coping mechanisms to manage his chronic pain. The injured worker was evaluated on 11/20/2013. It was documented that he complained of intermittent headaches and dizziness. The injured worker's diagnoses included status post fall with multiple body parts, cervical sprain/strain injury, postconcussion syndrome, postconcussion headache, lumbosacral sprain/strain injury, and post-traumatic myofascial pain syndrome. The injured worker's treatment plan included completion of the remaining 2 weeks of the injured worker's functional restoration program, vestibular testing, and referral to a neurologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL RESTORATION PROGRAM X 2 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Guidelines Non-Mtus

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30.

**Decision rationale:** The Expert Reviewer's decision rationale: The requested functional restoration program x2 weeks is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker had previously participated in 3 weeks of a functional restoration program. California Medical Treatment Utilization Schedule recommends continuation of participation in a functional restoration program is supported by documentation of objective functional benefits. It is noted that the injured worker has been able to decrease their medication usage as a result of the previous participation in the functional restoration program. However, there is no documentation of physical or emotional benefit. Additionally, California Medical Treatment Utilization Schedule recommends that treatment in a functional restoration program be limited to approximately 4 weeks. Clinical documentation submitted for review indicates that the injured worker has already participated in 3 weeks of a functional restoration program. The requested 2 weeks exceeds the 4-week recommendation. There were no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested functional restoration program x2 weeks is not medically necessary or appropriate.

**VNG TESTING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Net National Medical Policy Vestibular Function Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Head Chapter, Vestibular Testing.

**Decision rationale:** The requested VNG testing is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend vestibular studies for patients who are experiencing symptoms of vertigo, unsteadiness, and other balanced disorders. However, the clinical documentation submitted for review did not provide any evidence of an attempt to treat the injured worker's headaches or complaints of dizziness. There is no documentation of specific patterns in the injured worker's complaints to support additional studies. As such, the requested VNG testing is not medically necessary or appropriate.

**SPECIALTY REFERRAL NEUROLOGIST:** 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 ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The requested specialty referral for a neurologist is not medically necessary or appropriate. The ACOEM recommends specialty consultations when treatment falls outside the scope of practice of the treating provider, and the injured worker's treatment plan would benefit from additional expertise. The clinical documentation does indicate that the injured worker had complaints of headaches and dizziness. However, there is no documentation that the treating provider has attempted to manage these complaints. Therefore, the need for a specialty consultation is not clearly supported. As such, the requested specialty referral for a neurologist is not medically necessary or appropriate.