

Case Number:	CM13-0070898		
Date Assigned:	01/08/2014	Date of Injury:	06/02/2010
Decision Date:	06/02/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/26/2013

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 and 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 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:

This 46 year-old patient sustained an injury on 6/2/10 when a pallet struck her in the head while employed by [REDACTED]. Request under consideration include 8 sessions of vestibular exercise. Diagnoses include post-traumatic vascular-type headaches with cognitive dysfunction and dizziness; cervical radiculopathy; chronic myofascial pain syndrome at cervical and thoracic spine; and right shoulder sprain. Report of 11/7/13 from the provider noted patient with complaints of worsening episodic dizziness and imbalance associated with nausea; she takes Tigan; Headaches well-controlled by Topamax and is getting 50% improvement in her neck and upper back with trigger point injections. Depression is rated at 5/10 with problems concentrating, sleeping and feeling agitated. She remains not working. Exam noted restricted cervical range of motion; myofascial trigger points and taut bands throughout cervical paraspinal, trapezius; levator scapula, scalene, and infraspinatus musculature; Romberg's negative; decreased sensation at right C6-7 dermatome; right hand grip 4/5. Treatment plan include vestibular exercises which was non-certified on 11/26/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF VESTIBULAR EXERCISE: 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, Vestibular PT Rehabilitation. (online version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Therapy, pgs 215-216.

Decision rationale: This 46 year-old patient sustained an injury on 6/2/10 when a pallet struck her in the head while employed by [REDACTED]. Request under consideration include 8 sessions of vestibular exercise. Diagnoses include post-traumatic vascular-type headaches with cognitive dysfunction and dizziness; cervical radiculopathy; chronic myofascial pain syndrome at cervical and thoracic spine; and right shoulder sprain. Report of 11/7/13 from the provider noted patient with complaints of worsening episodic dizziness and imbalance associated with nausea; she takes Tigan; Headaches well-controlled by Topamax and is getting 50% improvement in her neck and upper back with trigger point injections. Depression is rated at 5/10 with problems concentrating, sleeping and feeling agitated. She remains not working. Exam noted restricted cervical range of motion; myofascial trigger points and taut bands throughout cervical paraspinal, trapezius; levator scapula, scalene, and infraspinatus musculature; Romberg's negative; decreased sensation at right C6-7 dermatome; right hand grip 4/5. The provider does document subjective symptoms of nausea for vestibular therapy; however, there are no objective clinical findings to support this request for this chronic injury of 2010 without functional improvement from treatment already rendered. CA MTUS is silent on vestibular rehab therapy which may be an exercise-based program for a number of etiologies such as promoting CNS compensation for inner ear deficits associated with non-industrially related Meniere's, labyrinthitis, vestibular neuritis, or may be utilized in post TBI patients, not seen here. ODG does recommend treatment in post-concussion patients with clear vestibular complaints of dizziness, gait and balance issues; none of which are described in the clinical exam. At this time, medical necessity has not been established for Vestibular Rehabilitation. The 8 sessions of vestibular exercise is not medically necessary and appropriate.