

Case Number:	CM14-0008181		
Date Assigned:	03/03/2014	Date of Injury:	10/17/2010
Decision Date:	06/30/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/22/2014

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 Neurology, and is licensed to practice in 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 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 49-year-old who sustained an injury on October 17, 2010 when he was thrown from a horse striking his head against the cement surface with loss of consciousness. The injured was followed for persistent post trauma headaches memory loss and vertigo symptoms. Previous neuropsychological evaluations noted stable cognitive profile with ataxic fine motor movements in both hands. The patient had vestibular therapy in 2012. The record notes some degree of vestibular dysfunction in the January of 2013 progress note. The injured was recommended for further vestibular therapy. A referral for rehab for further vestibular rehabilitation was made in October of 2013. The clinical evaluation from September 25, 2013 indicated the injured had continued poor balance to the point where he was unable to ride a bicycle. The patient described recurrent fever blisters for which he was taking Acyclovir. Hypertension is also noted. The patient described persistent chronic neck pain and intermittent occipital headaches. On physical examination there was noted slight slowing of rapid alternating movements in the left hand and foot compared to the right side. Some hyperreflexia in the upper extremities and lower extremities was noted. No limb ataxia was noted although there was mild difficulty with tandem gait. Atenolol naproxen and hydrocodone were refilled at this visit. The injured was also prescribed acyclovir for flare up of fever blisters. The requested referral to the rehab for further vestibular rehabilitation therapy as well as prescriptions for Atenolol and Acyclovir were denied by utilization review on December 24, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO [REDACTED] FOR VESTIBULAR REHABILITATION THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Rehabilitation

Decision rationale: In regard to the requested referral to the [REDACTED] for further vestibular rehabilitation therapy, the clinical documentation submitted for review did not include any recent assessments of vestibular status to support ongoing rehabilitation therapy. The last evaluation from September of 2013 noted some hyperreflexia in the lower upper and lower extremities; however, there was no evidence for further vestibular dysfunction. There were no abnormal Dix-Hallpike maneuvers or evidence of nystagmus. It is unclear what the response was from any recent vestibular rehabilitation therapy. The request for referral to rehab institute of Chicago for vestibular rehabilitation therapy is not medically necessary or appropriate.

ATENOLOL: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Atenolol. (2013). In Physicians' desk reference 67th ed.

Decision rationale: In regards to the requested Atenolol, this medication was medically necessary based on the September 25, 2013 clinical record. The injured had been utilizing Atenolol to address hypertension. The patient reported running out of this prescription medication and physical examination findings noted elevated blood pressure. Given the persistent hypertension for this patient this medication was medically reasonable and appropriate. The request for Atenolol is not medically necessary or appropriate.

ACYCLOVIR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Acyclovir. (2013). In Physicians' desk reference 67th ed.

Decision rationale: In regards to the requested Acyclovir, this was prescribed to the patient for reported flare up of fever blisters. This was not evident on physical examination as of September 25, 2013. The request for Acyclovir is not medically necessary or appropriate.