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| <b>Case Number:</b>   | CM14-0105399 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 07/27/2007 |
| <b>Decision Date:</b> | 09/09/2014   | <b>UR Denial Date:</b>       | 06/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/07/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, 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:

The patient is a 52-year-old male who reported an industrial injury on 7/27/2007. Diagnoses include thoracic/lumbar neuritis, lumbago, cervical disc disease, benign essential hypertension, diabetes mellitus, diabetic neuropathy, chest pain, and blurred vision. A Corvel determination performed on 6/11/2014 recommended modification of the requested physical therapy for canal repositioning and vestibular therapy evaluation and treatment, to allow vestibular therapy evaluation x 1 visit. The patient was seen for orthopedic consultation on 5/6/2014, regarding the left upper extremity. Review of systems reveals no known medical problems. Clinical examination documents he is alert and oriented x 3, with unremarkable gait and station. According to the 5/7/2014 Doctor's First Report, the patient presents for followup reporting complaint of feeling off-balance. A physical examination is not documented. Objective finding only states "may be related to cupulolithiasis". The diagnoses are dizziness and lumbar region sprain. Plan of treatment is physical therapy for canal repositioning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for canal repositioning and vestibular therapy evaluation and treatment (Lumbar and/or sacral vertebrae (Vertebrae NOC trunk)). No physical injury: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The CA MTUS guidelines state the use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. According to the 5/7/2014 report, patient complains of being off-balance. However, the medical records do not provide any corroborative clinical objective findings or diagnostic evidence to support the existence of a functional deficit that would likely benefit from a supervised therapy. It is noted that no complaint of dizziness or imbalance is noted on any other medical report, or clinical findings on any other examinations of nystagmus, imbalance or dizziness. It is not clear or evident that the complaint was not transient, related to medication, dehydration, or some other transient cause. The evaluation on 5/6/2014 documented the patient having normal gait and station. In the absence of any support objective findings, the medical necessity of the request has not established. The request is medically not necessary.