

Case Number:	CM14-0011459		
Date Assigned:	02/21/2014	Date of Injury:	06/06/2013
Decision Date:	06/25/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/28/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for mid back pain, neck pain, posttraumatic headaches, and vertigo reportedly associated with an industrial injury of June 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; audiometry dated October 21, 2013, notable for low-grade sensorineural hearing loss, high frequency, with excellent speech discrimination scores; reportedly normal videonystagmography testing; unspecified amounts of chiropractic manipulative therapy; and at least one earlier vestibular therapy evaluation. In a September 18, 2013, progress note, the applicant was described as presenting with dizziness and imbalance following an industrial motor vehicle accident. The applicant reportedly had a normal vestibular exam. It was stated that the applicant's dizziness was concussion related. In a later note dated October 9, 2013, the applicant's otolaryngologist noted that CT scanning of the head was normal and that the applicant still had residual complaints of dizziness and imbalance. Vestibular therapy was apparently endorsed on December 6, 2013. In a vestibular therapy evaluation dated December 20, 2013, the applicant's therapist stated that the applicant was in fact working but still had complaints of vertigo and dizziness at times which are limiting the applicant's ability to exercise. It was stated that the ultimate goal of vestibular therapy was to improve the applicant's ability to exercise, improve the applicant's gait, and improve the applicant's ability to perform activities of daily living. The goals of therapy were to improve the applicant's performance of home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

VESTIBULAR REHABILITATION-12 VISITS (2X/WK X 6 WKS): Overturned

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.

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

Decision rationale: While the 12-session course of treatment does represent treatment slightly in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgias and neuritis of various body parts, the issue reportedly present here, in this case, however, this does seemingly represent a first-time request for vestibular therapy during the chronic pain phase of the injury. It does not appear that the applicant has had any formal physical therapy or coaching to ameliorate his issues with balance and vertigo. The treating therapist and/or attending provider have stated that the applicant is intent on functional restoration as evinced by his apparent return to work as a salesperson. Given the multiplicity of body parts implicated in the injury and delayed recovery, treatment slightly in excess of the guideline is indicated, particularly since the Independent Medical Review process does not afford the review with an opportunity to issue partial certifications. Providing some therapy, then, is preferable providing no therapy. Therefore, the request is medically necessary.