

<b>Case Number:</b>	CM14-0013442		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	09/29/2009
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 & 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 56-year-old female who reported an injury on 02/09/2009 secondary to a fall. The injured worker was evaluated on 12/19/2013 for reports of increased neck pain and spasm. The exam noted significant tenderness over the right occipital protuberance and severe spasms in the right cervical paraspinals. A trigger point injection was performed at the exam with the injured worker noting immediate improvement in symptoms. Bilateral occipital blocks were performed at the evaluation and the injured worker described reduced pressure and decreased headache after the injections. The diagnoses included retrolisthesis of L5 on S1, disc protrusion at L5-S1, anterolisthesis of L4-5 and mild posterior endplate ridging and annular bulge at L3-4. The treatment plan included the injections performed at the exam, physical therapy for significant worsening of low back pain and balance training after using a heel lift from the advice of the injured worker's podiatrist. The request for authorization and rationale for the request were not found in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE LOW BACK FOR VESTIBULAR REHAB TIMES 12 VISITS:** 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 Physical Therapy Rehabilitation.

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

**Decision rationale:** The request for physical therapy for the low back for vestibular rehab for 12 visits is not medically necessary. The Official Disability Guidelines may recommend vestibular physical therapy (PT) rehabilitation for patients with vestibular complaints of dizziness and balance dysfunction such as with a traumatic brain injury or concussion to restore balance and function and decrease dizziness symptoms. Although the injured worker does report dizziness and imbalance, there is no clinical evidence of traumatic brain injury or concussion in the documentation provided. Furthermore, it is unclear of the area of the body the request is for. The injured worker has already completed prior sessions of physical therapy. The case notes do indicate the physical therapy is being requested for vestibular rehab. The number of visits does not allow for evaluation of the efficacy of the treatment and there is a significant lack of evidence of concussion or traumatic brain injury in the documentation provided. Therefore, based on the documentation provided, the request is not medically necessary.