

Case Number:	CM14-0167352		
Date Assigned:	10/14/2014	Date of Injury:	08/30/2011
Decision Date:	11/17/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/10/2014

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 Geriatrics and is licensed to practice in New York. 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 32 year old woman with a date of injury of 8/30/11. She was seen by her physician on 9/16/14 in follow-up. He had restarted her prior medications (prior to pregnancy) with some improvements in headache control and mood. She wants to return for CBT/psych sessions which she found helpful. She also underwent a course of 6 sessions of vestibular therapy prior to giving birth with reduction in neck pain and cervicogenic headaches (by a physical therapist). She complained of tinnitus, chronic neck and upper/lower back pain and headaches. Her exam showed tenderness to palpation of the posterior cervical, thoracic and low lumbar paraspinal muscles without spasm. She had reproduced pain in the lower legs with straight leg raise testing and her gait was grossly non-antalgic. Her medications included hydrocodone/apap, ibuprofen, Lexapro, nortriptyline and Protonix. At issue in this review is the request for vestibular rehabilitation evaluation and treatment and a neurologic rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vestibular rehabilitation evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability - Head (updated 8/11/14)- Vestibular PT rehabilitation

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

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, vestibular rehabilitation by a physical therapist has already been used as a modality and a self-directed home exercise program should be in place. She was also recently restarted on her pre-pregnancy medications with improvement in her symptoms. The records do not support the medical necessity for Vestibular rehabilitation evaluation and treatment in this individual with chronic neck / back pain and headaches. Therefore this request is not medically necessary.

Neurologic rehabilitation program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability - Head (updated 8/11/14)- Electrodiagnostic studies

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

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, vestibular rehabilitation by a physical therapist has already been used as a modality and a self-directed home exercise program should be in place. She was also recently restarted on her prior pre-pregnancy medications with improvement in her symptoms. The records do not support the medical necessity for Neurologic Rehabilitation Program in this individual with chronic neck / back pain and headaches. Therefore, this request is not medically necessary.