

Case Number:	CM14-0169138		
Date Assigned:	10/17/2014	Date of Injury:	04/03/2012
Decision Date:	11/19/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/14/2014

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 Florida & 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 59 year old female with a reported date of injury on April 03, 2012. The injured worker presented with headaches and imbalance as per report of 9/23/14. On examination the client exhibited wide based gait with positive Romberg side bilaterally, balance was poor, and she had nystagmus on lateral gaze to the left. MRI of the brain showed no significant structural abnormalities. Treatment plan included head impulse testing, vestibular assessment and vestibular rehabilitation at a balance disorders facility. The original request for vestibular assessment was certified and the vestibular rehabilitation was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vestibular assessment and rehab: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Vestibular Physical Therapy

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: Archives of Neurology. 2005 February; 62(2): 290-3

Decision rationale: The rationale for the denial being upheld is that the relatedness of this condition to the industrial injury has not been determined. Although, a claimant has been diagnosed with some vestibular dysfunction, balances disorder, headache, concussion and would benefit from vestibular assessment there is not enough information available to certify that she needs to proceed with vestibular rehabilitation as well. There are no clear guidelines which address vestibular assessment. It is noted that on 4/3/12 claimant sustained head trauma with concomitant headache, concussion and dizziness. Such mechanisms of injury can lead to balance disturbance & it is reasonable that the claimant would benefit from vestibular assessment; however vestibular rehab is not medically necessary until the results of vestibule assessment are obtained. Therefore the denial is upheld.