

Case Number:	CM14-0184881		
Date Assigned:	11/12/2014	Date of Injury:	08/30/2011
Decision Date:	12/30/2014	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/06/2014

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 chronic neck pain and associated dizziness reportedly associated with an industrial injury of August 30, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy. In a Utilization Review Report dated November 4, 2014, the claims administrator approved an initial trial of six sessions of vestibular rehabilitation therapy, approved a request for six sessions of initial neurologic rehabilitation therapy, denied a request for additional cognitive behavioral therapy, denied a request for PT, Neurologic Rehabilitation Program,' and denied a request for 'vestibular rehabilitation evaluation and treatment.' Non-MTUS ODG guidelines were invoked to deny the request for cognitive behavioral therapy, it was incidentally noted. Non-MTUS ODG Guidelines on vestibular rehabilitation were invoked in favor of the MTUS Chronic Pain Medical Treatment Guidelines. The claims administrator stated that the applicant had had 12 prior sessions of cognitive behavioral therapy. Then the claims administrator stated in another section of the report that the applicant had had previous physical therapy treatment in unspecified amounts. The applicant's attorney subsequently appealed. The IMR application dated November 6, 2014, the applicant's attorney specifically appealed request for vestibular rehabilitation evaluation and treatment' and 'neurologic rehabilitation program. The applicant did undergo vestibular rehabilitation evaluation dated April 10, 2014, in which the applicant reported complaints of dizziness with twisting and turning of the head. The applicant was 23 weeks; pregnant, it was acknowledged. The applicant was on Norco and had issues with anxiety, depression, hypertension, it was acknowledged. It was stated the applicant was working full time. In an April 15, 2014 progress note, eight sessions of vestibular therapy were sought. The applicant was using Norco and Lopressor; it was stated at

this point in time. On May 8, 2014, the applicant was described as using Norco three times daily. The applicant was having issues with depression, anxiety, difficulty coping with pain, and headache. The applicant was working as a dispatcher at [REDACTED], on a full-time basis, it was stated. Tinnitus and vertigo were appreciated. The applicant denied a history of posttraumatic stress disorder, post concussion syndrome, sprain of thoracic region, and sprain of lumbar region. Norco was renewed. The applicant was asked to continue cognitive behavioral therapy. In a September 22, 2014, Request for Authorization (RFA) form, vestibular rehabilitation, evaluation, and treatment were sought with specified physical therapist at [REDACTED]. In an associated progress note of September 16, 2014, the applicant was described as having recently delivered a child. The applicant had recently completed six sessions of vestibular therapy, it was acknowledged. Said vestibular therapy had not been very helpful for the applicant's vertigo. Tinnitus was also evident, as were headaches and short-term memory loss. The applicant's current medications included Norco, Motrin, Lexapro, Pamelor, and Protonix. Six sessions of cognitive behavioral therapy, a vestibular rehabilitation evaluation and treatment, and Norco were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT, 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 Guidelines (ODG) Cognitive Behavioral Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 8.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, it is incumbent upon a requesting provider to furnish a prescription for therapy, which "clearly states treatment goals." Here, the request for PT-Neurologic Rehabilitation Program' did not clearly state treatment goals. It was not clearly stated what was sought. A proposed frequency and duration of treatment were not stated. It is further noted that the applicant has had at least six prior sessions of vestibular therapy, the requesting provider acknowledged on an office visit on September 22, 2014. These six treatments were ineffectual in terms of attenuating the applicant's symptoms of vertigo. It is not clear why additional physical therapy via the neurologic rehabilitation' is being sought, given the failure of previous physical therapy and vestibular therapy. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, continued pursuit of a previously tried and failed treatment modality is at odds with this precept. Therefore, the request is not medically necessary.

Vestibular Rehabilitation Evaluation and Treatment: 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 8.

Decision rationale: Like the preceding request, this request, too is likewise ambiguous, did not specify an amount, duration, and/or quantity of treatment, all of which are at odds with the MTUS Guideline in ACOEM Chapter 3, page 48, which stipulates that it is incumbent upon a prescribing provider to furnish a prescription for therapy, which 'clearly states treatment goals.' Furthermore, the applicant reported on an office visit of September 16, 2014, referenced above, that an earlier six prior sessions of vestibular therapy had not been effectual here. It is not clear why additional vestibular therapy in unspecified amounts is being sought if previous treatment was ineffective in terms of attenuating the applicant's symptoms of vertigo. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, continued pursuit of a previously tried and failed treatment modality is at odds with this precept. Therefore, the request is likewise not medically necessary.