

<b>Case Number:</b>	CM14-0053559		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	10/14/2008
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 claimant sustained a head injury on 10/14/08 when he fell down stairs. A vestibular rehabilitation evaluation and treatment are under review. He has been diagnosed with postconcussive syndrome, posttraumatic seizure disorder, posttraumatic headaches, chronic pain syndrome, hearing loss, post traumatic migraines, bilateral upper extremity paresthesias and rule out central versus peripheral vestibulopathy and posttraumatic visual syndrome. He has had consultations with an audiologist, pain management visits and chiropractic care. He had an unofficial MRI of the brain in January 2012 that showed a signal change in the left ventral medulla of uncertain clinical significance. He has had symptoms of dizziness, impaired balance, hearing loss, headaches, impaired cognition, blurred vision and musculoskeletal pain. He saw [REDACTED] on 07/10/14. He was still pending trigger point injections and cervical ESI. Botox was not authorized. He had intermittent dizziness with no noticeable aggravating factors or alleviating factors. It can come at any time during his activities. He has a sensation of the room spinning but it lasts only about 2 minutes. He has not had an ENG but had vestibular rehabilitation for 6 sessions. However the focus was on increasing his cervical range of motion to allow for vestibular rehabilitation. He also reported impaired balance and he lists toward the right when he walks. He also had bilateral hearing loss. It is not clear when he had the original vestibular rehabilitation sessions. His symptoms were the same when he was seen on 04/10/14. He has also had some psychological testing. He was referred for vestibular therapy on that day. The dizziness was also present on 02/27/14. He had not had an ENG or seen a vestibular specialist as of that date. He stated the dizziness was getting worse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vestibular Therapy 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, Head, Vestibular PT 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 Studies and Vestibular Rehabilitation.

**Decision rationale:** The history and documentation do not objectively support the request for vestibular therapy evaluation and treatment. The MTUS do not address this type of request. The ODG state "vestibular studies assess the function of the vestibular portion of the inner ear for patients who are experiencing symptoms of vertigo, unsteadiness, dizziness, and other balance disorders. The vestibular portion of the inner ear maintains balance through receptors that process signals produced by motions of the head and the associated responsive eye reflexes that result in the visual perception of how the body is moving. Vestibular function studies should be performed by licensed audiologists or a registered audiology aide working under the direct (physically present) supervision of the audiologist. Alternately, they can be performed by a physician or personnel operating under a physician's supervision. (Curthoys, 2010) Clinicians need to assess and identify vestibular impairment following concussion using brief screening tools to allow them to move patients into targeted treatment tracks that will provide more individualized therapies for their specific impairments. (Kontos, 2013) Patients with mild traumatic brain injury (TBI) often complain of dizziness. However, these problems may be undetected by a clinical exam. Balance was tested using computerized dynamic posturography (CDP). These objective measurement techniques should be used to assess the clinical complaints of imbalance from patients with TBI." ODG further state vestibular PT rehabilitation is "recommended for patients with vestibular complaints (dizziness and balance dysfunction), such as with mTBI/ concussion. Vestibular rehabilitation has been shown to be associated with improvements in independence and dynamic visual acuity. (Cohen, 2006) Vestibular rehabilitation should be considered in the management of individuals post concussion with dizziness and gait and balance dysfunction that do not resolve with rest. (Alsalaheen, 2010) Vestibular complaints are the most frequent sequelae of mTBI, and vestibular physical therapy has been established as the most important treatment modality for this group of patients. (Gottshall, 2011) The use of vestibular rehabilitation for persons with balance and vestibular disorders improves function and decreases dizziness symptoms. (Whitney, 2011) A 6-month physical therapist-prescribed balance and strength home exercise program, based on the Otago Exercise Program and the Visual Health Information Balance and Vestibular Exercise Kit, significantly improved outcomes relative to the control group. (Yang, 2012) Patients with vestibular symptoms after concussion may have slower reaction times, putting them at risk for new injury compared with those who have concussions without these symptoms. A patient who is identified as having a convergence insufficiency should be prescribed in-office and home-based vision therapy designed to improve this visual deficit. In contrast, a patient identified as having predominately dizziness-related vestibular impairment from post-traumatic migraine or

cervicogenic factors might be targeted with specific medications for migraine symptoms or physical therapy if it is neck-related. (Kontos, 2013)"In this case, the request for vestibular therapy evaluation and treatment is not supported due to the fact that the claimant already started vestibular rehabilitation and therefore, must have had an evaluation. The date of the evaluation and treatment dates are not known. The notes indicate that the therapist focused on improving his cervical spine range of motion. However, the claimant's status when the program started and his response to the rehab he did attend are not noted in the submitted records. Also, prior to an assessment of the claimant's current status, via a vestibular rehab evaluation, a treatment plan cannot be developed and treatment cannot be started. Therefore, the request for vestibular PT rehabilitation evaluation and treatment is not medically necessary.