

Case Number:	CM14-0055293		
Date Assigned:	07/07/2014	Date of Injury:	08/09/2012
Decision Date:	09/05/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/24/2014

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, 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 injured worker is a 59-year-old male who reported an injury on 8/9/12. The mechanism of injury was not provided for review. On 12/2/13, the injured worker presented with pain in the head, back, neck and hips with headaches. Prior therapy included vestibular treatment, psychiatric treatment, and medications. Diagnoses were head injury with postconcussive syndrome, neck pain radiating to the left upper extremity, mid back pain, low back pain radiating to the hips and lower extremities and bilateral shoulder improved on the right. Upon examination the injured worker was 5'9", and weighed 179 pounds with a blood pressure of 147 over 82 and a pulse of 69. The provider recommended 8 vestibular rehab sessions for the head.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Vestibular rehab sessions for the head: 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), Treatment Index 12th Edition (web0, 2014 Head Chapter; 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 PT Rehabilitation.

Decision rationale: The Official Disability Guidelines state that vestibular rehabilitation is recommended for injured workers with vestibular complaints, such as dizziness and balance dysfunction with MTBI/concussion. Vestibular rehabilitation has been shown to be associated with improvements in independence and dynamic visual acuity. Vestibular rehabilitation should be considered in the management of individuals postconcussion with dizziness and gait and balance dysfunction that do not resolve with rest. An injured worker is identified as having predominately dizzy 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. This injured worker did not have any signs or symptoms or a diagnosis congruent with the guideline recommendations for vestibular rehabilitation. Additionally, the amount of prior vestibular rehabilitation that the injured worker has already had was not provided, as well the efficacy of the prior therapy. The provider did not indicate the frequency of the vestibular rehab sessions in the request as submitted. As such, the request is not medically necessary.