

<b>Case Number:</b>	CM14-0062971		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/27/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Texas and Oklahoma. 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 61-year-old male who reported an injury on 10/27/2012. He was reportedly struck on the right side of his head with a piece of metal. On 08/12/2013, the injured worker presented with headaches and a dizziness sensation when he tilts his head back and forth. Upon examination, a hearing exam noted high frequency sensorineural hearing loss and symmetric SRT at 35 dB bilaterally; discrimination 9% on the right and 100% on the left; type A tympanograms; and a normal ear exam. The eyes show no nystagmus. There is unilateral weakness seen on a previous EMG testing. The injured worker had concussive-type symptoms, including headache and vertigo with dizziness. Diagnoses were migraine headache, depression, sleep apnea, and no significant surgical history. Prior therapy included medications. The provider recommended a balance vest therapy 2 to 3 times a week for 4 weeks for head injury. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Balance Vest Therapy 2-3 x 4 weeks (head injury): 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.

**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 Testing.

**Decision rationale:** The request for balance vest therapy 2 to 3 x4 weeks for the head injury is not medically. The Official Disability Guidelines state vestibular studies assess the function of the vestibular portion of the inner ear for injured workers who are experiencing symptoms of vertigo, unsteadiness, dizziness, and other balance disorders. Vestibular function studies should be performed by licensed audiologists or a registered audiology aide working under the direct supervision of the audiologist. Alternately, they can be performed by a physician or person operating under a physician's supervision. Physicians need to assess and identify vestibular impairment following concussion using brief screening tools to allow them to move injured workers into targeted treatment tracks that will provide more individualized therapies for specific impairments. Injured worker with mild traumatic brain injury (TI) often complain of dizziness. Objective measurement techniques should be used to assess the clinical complaints of imbalance from injured workers with traumatic brain injuries. There was a lack of documentation of objective deficits congruent with the guideline recommendations for the use of vestibular therapy. As such, the request is not medically necessary.