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| <b>Case Number:</b>   | CM14-0064133 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 05/09/2013 |
| <b>Decision Date:</b> | 08/22/2014   | <b>UR Denial Date:</b>       | 04/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/06/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 44-year-old male with a 5/9/13 date of injury. At the time (4/3/14) of request for authorization for Vestibular Rehabilitation 2 times week for 6 weeks (12 visits) and MRI of the Cervical Spine, there is documentation of subjective (dizziness without tinnitus and ongoing problems with vestibular function and severe stiffness in neck with numbness in left hand) and objective (decreased range of motion of neck with severe spasm of trapezius muscles bilaterally, flexion 20 degrees, extension 20 degrees, rotation to right 45 degrees, and left 25 degrees, pain and discomfort going down into his shoulders with disorientation which makes him very dizzy to do those maneuvers, difficult to bend because of dizziness, shuffling gait, no auditory loss, tendon reflexes equal bilaterally, decreased pain and touch sensation in C5, C6, and C7 nerve dermatomes to proprioception, light touch, and pain, and decreased strength of left biceps and triceps compared to his right) findings, imaging findings (cervical spine MRI (11/15/13) report revealed negative MRI), current diagnoses (vestibular dysfunction with constant dizziness, cervical discogenic disease with loss of sensation at C5, C6, and C7 nerve dermatomes, and left chest pain, apparent muscle spasm perhaps muscle pull or muscle separation from rib), and treatment to date (vestibular rehabilitation (12 visits to date with improvement in orientation)). Regarding Vestibular Rehabilitation 2 times week for 6 weeks (12 visits), there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of vestibular rehabilitation provided to date. Regarding MRI of the Cervical Spine, there is no documentation of a diagnosis/condition for which a repeat study is indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vestibular Rehabilitation 2 times week for 6 weeks (12 visits): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Vestibular Physical Therapy Rehabilitation Official Disability Guidelines: Concussion/mTBI treatment.

**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:** MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of vestibular complaints (dizziness and balance dysfunction), such as with mTBI/ concussion, as criteria necessary to support the medical necessity of vestibular rehabilitation. Within the medical information available for review, there is documentation of diagnoses of vestibular dysfunction with constant dizziness, cervical discogenic disease with loss of sensation at C5, C6, and C7 nerve dermatomes, and left chest pain, apparent muscle spasm perhaps muscle pull or muscle separation from rib. In addition, there is documentation of 12 previous vestibular rehabilitation sessions completed to date. Furthermore, given documentation of subjective (dizziness without tinnitus and ongoing problems with vestibular function ) findings and objective (pain and discomfort going down into his shoulders with disorientation which makes him very dizzy to do those maneuvers, difficult to bend because of dizziness, and shuffling gait) findings, there is documentation of vestibular complaints (dizziness and balance dysfunction). However, despite documentation of improvement in orientation with previous vestibular rehabilitation, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of vestibular rehabilitation provided to date. Therefore, based on guidelines and a review of the evidence, the request for Vestibular Rehabilitation 2 times week for 6 weeks (12 visits) is not medically necessary.

**MRI of the Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Chapter MRI (Magnetic Resonance Imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of

definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of vestibular dysfunction with constant dizziness, cervical discogenic disease with loss of sensation at C5, C6, and C7 nerve dermatomes, and left chest pain, apparent muscle spasm perhaps muscle pull or muscle separation from rib. However, despite documentation of subjective (severe stiffness in neck with numbness in left hand) and objective (decreased range of motion of neck with severe spasm of trapezius muscles bilaterally, decreased pain and touch sensation in C5, C6, and C7 nerve dermatomes to proprioception, light touch, and pain, and decreased strength of left biceps and triceps compared to his right) findings and given documentation of imaging findings (11/15/13 cervical spine MRI identifying negative MRI), there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for MRI of the Cervical Spine is not medically necessary.