

<b>Case Number:</b>	CM14-0191793		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	08/31/2010
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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:

This 69 year old female sustained a work related injury on August 31, 2010 while working as an inpatient registered nurse. The mechanism of injury involved assault from a patient resulting in a closed head injury and contusions of the neck and arm. She subsequently complained of neck pain, difficulty with depth perception and vertigo. She was recently diagnosed and treated for cervical paraspinal muscle spasm, occipital neuralgia and vertigo. Treatment included diagnostic studies, prescribed medications, physical therapy, acupuncture, soft cervical collar, neurology consultation and follow up visits. According to the provider notes, computed tomography (CT) of head performed on August 31, 2010 was normal. X-ray of cervical spine revealed small osteophytes with no evidence of fracture, subluxation, compression or bone destruction. Magnetic Resonance Imaging (MRI) of cervical spine revealed mild disc bulge at C3-4, C6-7 and a right paracentral disc bulge. Documentation noted that there was no evidence for spinal canal compromise or foraminal narrowing. According to the neurology consultation note dated October 21, 2014, the injured was alert and oriented, in no acute distress. There was some tenderness to palpitation at suboccipital region with right greater than left and spasm throughout upper trapezius and cervical paraspinals. The mild, non localized vertigo was noted to be triggered by a fall caused by difficulties with depth perception from the 2010 injury. The patient missed a step in June 2014 and had a fall which hurt her side and caused vertigo when lying down. As of March 2011, the injured worker remains out of work. The treating physician prescribed services for physical therapy x12 for cervical spine and vestibular rehabilitation. On November 12, 2014, Utilization Review (UR) evaluated the prescription for physical therapy x 12 for cervical spine and vestibular rehabilitation requested on November 5, 2014. Upon review of the clinical information, UR modified the request to physical therapy and vestibular

rehabilitation x 6 sessions as she has not had therapy in 3 years. The UR decision was based on an initial completion of a trial period of 6 sessions for physical therapy and vestibular therapy to evaluate effectiveness, according to the Official Disability Guidelines (ODG) guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **12 Sessions of physical therapy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** Twelve sessions of physical therapy are not medically necessary as written per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has not had physical therapy in 3 years. It would not be unreasonable to have a trial of therapy to review home exercises however the request for 12 sessions exceeds the recommendations from the MTUS for up to 10 visits for this condition. Additionally, the request does not specify a body part that will be focused on in therapy. Therefore, 12 sessions of Physical Therapy are not medically necessary.

#### **Vestibular rehabilitation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** Vestibular rehabilitation is not medically necessary as written per the ODG guidelines. The MTUS does not address vestibular rehabilitation. The ODG states that vestibular 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. The documentation indicates that the patient may positional vertigo. The request as written does not indicate a quantity of vestibular rehabilitation. A trial would be recommended to see if the patient obtains benefit and functional improvement. Without clarification of a quantity of sessions Vestibular Rehabilitation is not medically necessary.