

<b>Case Number:</b>	CM14-0198190		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Emergency Medicine, and is licensed to practice in New York. 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 patient is a 48-year-old male who was injured on May 23, 2014. The patient continued to experience chronic headaches, tinnitus, insomnia, neck pain, and back pain. Physical examination was notable for tenderness of the cervical spine with movement, normal motor strength, normal cranial nerves, and sensory deficit in right L4 and L5. Diagnoses included post-concussion syndrome with chronic headaches, right ankle fracture, neck pain radiating to left arm, and lumbar pain radiating to right leg. Treatment included medications and neuropsychology evaluation. Requests for authorization for 12 vestibular therapy visits and EMG/NCV of the bilateral upper extremities were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Vestibular therapy 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, 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 Physical Therapy Rehabilitation

**Decision rationale:** Vestibular rehabilitation is recommended for patients with vestibular complaints (dizziness and balance dysfunction), such as with traumatic brain injury (TBI)/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 post-concussion with dizziness and gait and balance dysfunction that do not resolve with rest. Vestibular complaints are the most frequent sequelae of TBI, and vestibular physical therapy has been established as the most important treatment modality for this group of patients. (The use of vestibular rehabilitation for persons with balance and vestibular disorders improves function and decreases dizziness symptoms. In this case there is no documentation that the patient is suffering from dizziness or balance dysfunction. There is no indication for the vestibular therapy. The request is not medically necessary.

**EMG/NCV of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case the patient is not experiencing symptoms of radicular pain and there are no focal motor or sensory deficits of the upper extremities. Medical necessity has not been established. The request is not medically necessary.