

<b>Case Number:</b>	CM14-0202098		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Internal Medicine 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 patient is an injured worker with a history of head trauma and vestibular complaints. The patient sustained a work related injury on 1/14/2013. The patient had blunt trauma to the head on 1/14/2013 after falling off of a six foot ladder and struck the back of his head on the floor. Diagnoses include post-concussion syndrome, neck pain, headache, psychogenic pain, vestibular labyrinthine concussion and high frequency hearing loss. Per the progress note dated 10/29/2014, the patient had complaints of pain in the neck and headaches with numbness in the face that worsens with movements of the neck, jaw pain which is worse on the left than the right that radiates into the left ear and worsens with chewing, vertigo and nausea, photophobia and frequently needs to sleep upright as lying down aggravates his vertigo symptoms. He had occasional black spots in his vision and hearing a whistling sound in his ears. Physical examination revealed tenderness over the posterior cervical paraspinal muscles at the approximate levels of C3 through C7, cervical flexion was well tolerated and flexion was more painful. Extension was limited and there was tenderness to palpation over the bilateral temporomandibular joint, worse on the left than the right and minimal tenderness over the bilateral trapezius muscle. The current medication lists included Prozac, Trazodone and Norco. The patient has had a MRI magnetic resonance imaging of the brain from 2/3/2014 without contrast that was normal. MRI magnetic resonance imaging of the cervical spine without contrast noted C5-6 3-4 mm left paracentral protrusion and annular fissure with moderate left central canal stenosis, mild to moderate proximal bilateral foraminal stenosis, at C4-5 and C6-7 there are small central protrusions with mild central canal stenosis. The patient completed ten PT physical therapy sessions for the cervical spine. The patient feels that he was making progress with the physical therapy and reported improvement in range of motion. The progress report dated October 29, 2014 documented that the patient saw an ENT consultant on September 30, 2014

and was diagnosed with vestibular labyrinthine concussion and high frequency hearing loss. It was recommended that the patient undergo balance training rehabilitation with computerized platform device which was recommended to assess stability and fall risk. Twelve sessions 1-2 times a week was recommended for balance vestibular training.

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

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

**Vestibular rehabilitation therapy x 12 sessions:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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 Vestibular studies

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address vestibular rehabilitation. Official Disability Guidelines (ODG) recommend vestibular PT rehabilitation for patients with vestibular complaints (dizziness and balance dysfunction), such as with traumatic brain injury concussion. Vestibular rehabilitation should be considered in the management of individuals postconcussion with dizziness and gait and balance dysfunction. The use of vestibular rehabilitation for persons with balance and vestibular disorders improves function and decreases dizziness symptoms. The progress report dated October 29, 2014 documented that the patient saw an ENT consultant on September 30, 2014 and was diagnosed with vestibular labyrinthine concussion and high frequency hearing loss. It was recommended that the patient undergo balance training rehabilitation with computerized platform device which was recommended to assess stability and fall risk. Twelve sessions 1-2 times a week was recommended for balance vestibular training. The patient completed ten PT physical therapy sessions for the cervical spine. The patient feels that he was making progress with the physical therapy and reported improvement in range of motion. The physical therapy was for the cervical spine, not for the vestibular complaints. Official Disability Guidelines (ODG) recommends vestibular PT rehabilitation for patients with vestibular complaints. Vestibular rehabilitation should be considered in the management of individuals postconcussion with dizziness and gait and balance dysfunction. Therefore, the request for vestibular rehabilitation is supported by medical records and ODG guidelines. Therefore, the request for Vestibular rehabilitation therapy x 12 sessions is medically necessary.