

<b>Case Number:</b>	CM15-0007510		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	09/03/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 was a 52 year old male, who sustained an industrial injury, on September 3, 2014. The injured worker stuck in the head by a heavy box injuring the neck, head, and upper. The injured worker's chief complaints were dizziness and headaches. The injured worker was diagnosed with vertigo, mild post-concussion syndrome, left eye flutter and floaters, and memory loss. The injured worker had supportive treatment of Norco, meclizine, ice to the neck, neck exercise, ophthalmology consultation and neurology consultation. The CT of the Brain was normal, according to the progress note of October 22, 2014. On December 2, 2104, injured worker underwent electromyography which showed moderate median neuropathy and there was evidence of left sided cervical radiculopathy. On December 17, 2014, the neurologist requested vestibular rehabilitation as needed. The vestibule therapy was to assist with balance and dizziness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Vestibular therapy visits over 1 month:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Vestibular PT rehabilitation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head chapter, Vestibular PT Rehabilitation

**Decision rationale:** This patient presents with bilateral shoulder and neck pain. The treater is requesting 6 VESTIBULAR THERAPY VISITS OVER 1 MONTH. The RFA dated 12/30/2014 notes a request for 6 vestibular therapies to help with balance and dizziness. The patient's date of injury is from 09/03/2014, and the patient is currently working full duty. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the Head chapter on Vestibular PT Rehabilitation states that it is recommended for patients with vestibular complaints (dizziness and balance dysfunction) such as with TBI/concussion. 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. The records do not show any previous vestibular therapy visits. The CT scan of the brain from 09/12/2014 shows normal results. The 12/02/2014 report notes that the patient experiences dizziness a few times a day, and it was further noted that his dizziness may be attributed to his routine use of narcotics since the symptoms resolved after the use of Norco. The neurological exam on this report shows no focal findings. He denies any focal weakness, numbness/tingling, speech problems, and confusion. In this case, while the patient does report episodes of dizziness, the treater has noted that his symptoms may be attributed to his use of narcotics. Given that the patient does not meet the guidelines for vestibular therapy, the request IS NOT medically necessary.