

<b>Case Number:</b>	CM15-0142423		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	10/19/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Emergency Medicine

### 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 injured worker is a 54-year-old female who reported an industrial injury on 10-19-2013. Her diagnoses, and or impression, were noted to include concussion; cervical sprain with persistent cervical muscle spasms, headaches and dizziness; and bilateral carpal tunnel syndrome. No current imaging studies were noted. Her treatments were noted to include a home exercise program; physical therapy and acupuncture for the cervical spine; medication management; and rest from work. The progress notes of 5-12-2015 reported a follow-up visit for continued and significant neck pain that radiated into the arms; and significant ongoing vertigo and post-traumatic headaches. Objective findings were noted to include positive bilateral Spurling's and foraminal compression tests with limited cervical spine range-of-motion, particularly going to the left, and causing a sense of vertigo. The history noted frequent falling. The physician's requests for treatments were noted to include positional therapy for positional vertigo, previously authorized but never scheduled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Positional Therapy X12 sessions for post traumatic headaches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.uptodate.com](http://www.uptodate.com) - Positional Vertigo.

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

**Decision rationale:** The requested Positional Therapy X12 sessions for posttraumatic headaches is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has positive bilateral Spurling's and foraminal compression tests with limited cervical spine range-of-motion, particularly going to the left, and causing a sense of vertigo. The treating physician has not documented the medical necessity for a current trial of 6 therapy sessions and then re-evaluation. The criteria noted above not having been met, Positional Therapy X12 sessions for posttraumatic headaches is not medically necessary.