

Case Number:	CM15-0163391		
Date Assigned:	08/31/2015	Date of Injury:	02/22/2005
Decision Date:	09/30/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 35 year old female, who sustained an industrial injury on 2-22-05. The diagnoses have included cervicalgia, chronic migraine, myofascial pain, dysphoric mood, and daytime somnolence, spasm of the muscle, dizziness and Arnold-Chiari malformation. Treatment to date has included medications, surgery, diagnostics, and suboccipital laminectomy surgery with post-operative complications of cerebral spinal fluid leak with repair in 4-2008, vestibular therapy 5 sessions, and other modalities. Currently, as per the physician progress note dated 7-28-15, the injured worker complains of headaches that include brain fog, dizziness, blurred vision, left sided pains in the shoulder and neck, ringing in the ears, light , sound and smell sensitivities, nausea, nosebleeds and intense headaches. She also reports that she has generalized twitching in various parts of the body at different times. The diagnostic testing that was performed included electromyography (EMG) -nerve conduction velocity studies (NCV) of the upper extremities. The objective findings-physical exam reveals that there is tenderness to palpation of the left sternocleidomastoid muscle with referral to the temple and crossed the midline over the coronal region. There is mild tenderness to palpation of the left preauricular-Temporomandibular Joint Disorders (TMJ) area and high tension in the trapezius muscles bilaterally. The physician requested treatments included Vestibular therapy 3 times a week for 8 weeks for dizziness and Physical therapy 2 times a week for 4 weeks for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vestibular therapy 3 times a week for 8 weeks, for dizziness: 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 Chapter, Vestibular Physical Therapy Rehabilitation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head section, Vestibular rehabilitation and Other Medical Treatment Guidelines
http://www.aetna.com/cpb/medical/data/200_299/0238.html.

Decision rationale: Pursuant to the Official Disability Guidelines and the Aetna Clinical Policy Bulletin, vestibular therapy three times per week times eight weeks, for dizziness is not medically necessary. Vestibular physical therapy rehabilitation is recommended for patients with vestibular complaints (dizziness and balance dysfunction) such as with traumatic brain injury/concussion. It has been associated with improvements in independence and dynamic visual acuity. In this case, the injured worker's working diagnoses are Arnold chiari malformations; chronic migraine; cervicgia; myofascial pain; muscle fasciculation; interrupted breathing; dysphoric mood; daytime somnolence and probable depression. The date of injury is February 22, 2005. Request for authorization is July 30, 2015. The injured worker has a history of Arnold-chiari malformation, has had surgery and persistent dizziness. The injured worker received 5 sessions with benefit and continued therapy is appropriate. However, 24 sessions are not appropriate. The Aetna Clinical Policy Bulletin notes up to 12 visits (generally given two times a week for six weeks are considered medically necessary initially. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, objective functional improvement with the initial five sessions and request for 24 sessions (in excess of the recommended 12 visits), vestibular therapy three times per week times eight weeks, for dizziness is not medically necessary.

Physical therapy 2 times a week for 4 weeks, neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

Decision rationale: Pursuant to the Official Disability Guidelines and the Aetna Clinical Policy Bulletin, vestibular therapy three times per week times eight weeks, for dizziness is not medically necessary. Vestibular physical therapy rehabilitation is recommended for patients with vestibular complaints (dizziness and balance dysfunction) such as with traumatic brain injury/concussion. It has been associated with improvements in independence and dynamic visual acuity. In this case, the injured worker's working diagnoses are Arnold chiari

malformations; chronic migraine; cervicalgia; myofascial pain; muscle fasciculation; interrupted breathing; dysphoric mood; daytime somnolence and probable depression. The date of injury is February 22, 2005. Request for authorization is July 30, 2015. The injured worker has a history of Arnold-chiari malformation, has had surgery and persistent dizziness. The injured worker received 5 sessions with benefit and continued therapy is appropriate. However, 24 sessions are not appropriate. The Aetna Clinical Policy Bulletin notes up to 12 visits (generally given two times a week for six weeks are considered medically necessary initially. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, objective functional improvement with the initial five sessions and request for 24 sessions (in excess of the recommended 12 visits), vestibular therapy three times per week times eight weeks, for dizziness is not medically necessary.