MAXIMUS Federal Services

| Case Number: | CM15-0191764 | | |
|---|---|---|---|
| Date Assigned: | 10/05/2015 | Date of Injury: | 04/04/2008 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 09/01/2015 |
| Priority: | Standard | Application Received: | 09/29/2015 |

## 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, Massachusetts
Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old male, who sustained an industrial-work injury on 4-4-08. A review of the medical records indicates that the injured worker is undergoing treatment for post traumatic daily headaches with cognitive dysfunction and post traumatic labyrinthitis causing dizziness. Medical records dated 8-11-15 indicate that the injured worker complains of daily headaches moderate to bad in severity and sometimes with nausea. There are frequent episodes of dizziness and imbalance especially with changes in posture. He has constant neck pain that varies from 6-8 out of 10 on a pain scale without medications. He has complaints of forgetfulness and impaired concentration. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-11-15 the injured worker has not returned to work. The physical exam dated 8-11-15 reveals decreased range of motion of the cervical spine, multiple myofascial trigger points and taut bands throughout the cervical paraspinal muscles. There is positive neck compression test. The Romberg test is positive He could not perform tandem gait with his eyes opened or closed. He also could not perform heel-toe gait. Treatment to date has included pain medication, psyche care, off of work and other modalities. The request for authorization date was 8-11-15 and requested services included 12 sessions of vestibular exercises and 1 Magnetic Resonance Imaging (MRI) of the brain. The original Utilization review dated 9-1-15 non-certified the request for 12 sessions of vestibular exercises and 1 Magnetic Resonance Imaging (MRI) of the brain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of vestibular exercises:** Overturned

**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.

**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 rehabilitation.

**Decision rationale:** The IW incurred a head trauma while at work in 2008 and according to 8/11/15 neurologist consult has since been experiencing dizziness and chronic headaches. According to the neurologist consultation the IW has postraumatic labyrinthitis causing dizziness and postraumatic headaches. CA MTUS does not weigh in on vestibular exercises, however ODG guidelines on vestibular rehabilitation states that "rehabilitation has been shown to be associated with improvements" and determines that vestibular rehabilitation is clinically appropriate. The recommendations for headache is for 6 sessions of PT, however the duration of vestibular rehabilitation is not specified; considering the patient also has imbalance, dizziness and findings on physical exam including inability to perform heel-toe gait, I believe the requested 12 sessions are clinically appropriate and medically necessary.

**1 MRI of the brain:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head/MRI study (2014).

**Decision rationale:** The IW incurred a head trauma while at work in 2008 and according to 8/11/15 neurologist consult has since been experiencing dizziness and chronic headaches. According to the neurologist consultation the IW has postraumatic labyrinthitis causing dizziness and postraumatic headaches. An initial MRI was performed approximately 4-5 years ago (according to neurologist note from 8/11/15), however the original MRI brain was not provided for review. Based on the provided records there does not appear to be any significant change in the IW's symptoms or physical exam findings nor was there any new injury beyond the initial 2008 industrial accident. Therefore a repeat of the MRI brain is not medically necessary at this time.