MAXIMUS Federal Services

Case Number:	CM15-0045841		
Date Assigned:	04/13/2015	Date of Injury:	09/21/2011
Decision Date:	05/06/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/10/2015

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: Ohio, West Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 sustained an industrial injury on September 21, 2011. The injured worker is being treated for a diagnosis of late effect of traumatic brain injury, vestibular vertigo, unspecified laterally, and tinnitus in both ears. Treatment has included consultations, physical therapy, medications, occipital nerve block, and a TENS unit. Currently the injured worker was noted as having improvement with balance and walking strategies as demonstrated by a decrease in sway from moderate to minimal with eyes closed on foam. The treatment request included vestibular therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vestibular Therapy (TBI, vertigo, tinnitus) 2 times a week for 4 weeks: Overturned

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

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: ODG states that "Vestibular complaints are the most frequent sequelae of MTBI, and vestibular physical therapy has been established as the most important treatment modality for this group of patients." This IW has clearly been diagnosed with a traumatic brain injury with late term sequelae to include; dizziness and gait disturbance. ODG further states; "The use of vestibular rehabilitation for persons with balance and vestibular disorders improves function and decreases dizziness symptoms." It is recommended in individuals with TBI resulting in vestibular complaints. As such, I am reversing the previous decision and find the request for vestibular therapy is medically necessary.