

Case Number:	CM14-0160823		
Date Assigned:	10/06/2014	Date of Injury:	08/26/2008
Decision Date:	10/31/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51 year old male with a date of injury on 8/26/2008. The mechanism of injury was slip and fall with noted loss of consciousness for three days. On February 26, 2014 the injured worker went to an emergency department and reported that he has seen his psychiatrist the day prior. He reported that he had frequent panic attacks. He reported that he had two panic attacks when he visited his daughter who was diagnosed with pneumonia. Psychological report dated March 10, 2014 noted that the injured worker experienced dizziness whenever he turned his head. Per July 9, 2014 records the injured worker is documented to display improvement with anxiety. He reported that he had one panic attack last week which occurred when he awoke from a night mare. He reported less anxiety related to eating. He continued to do deep breathing exercises, and begun Tai Chi which has been difficult but continued trying. He also reported that he has not gotten an explanation as to why he experiences vertigo. He reported that he is afraid that he sustained a brain injury. Most recent records dated July 10, 2014 documents that the injured worker saw her psychologist and had performed only assessments. He reported that he has been doing well with his other specialist and reported having benefits. However, he reported that he went to the emergency room on May 9, 2014 but all was okay. He has started Tai Chi and exercise for stress management. On examination, he reported severe side effects of his medications and continued to request emergency medications. He stated that he has 15 pills of Valium from the emergency room and he has not taken them. He was diagnosed with (a) agoraphobia, (b) anxiety disorder, (c) persistent depressive disorder (dysthymia) with persistent major depressive episode, and (d) chronic pain due to orthopedic and dental injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vestibular Rehab Qty: 18: 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 Section

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 PT rehabilitation and Physical Medicine Treatment

Decision rationale: As with all physical treatment modalities an initial trial of 6-8 sessions is warranted in order to check if there is improvement in symptoms. In this case, the utilization review physician has certified an initial 8 sessions of vestibular rehabilitation. An evaluation of the injured worker's response to the partially certified vestibular rehabilitation sessions should be made and documentation of the injured worker's response with the treatment should be provided. If there is indeed evidence of improvements then the full 18 sessions of vestibular rehabilitation may be re-requested. Until documentation of significant improvements with partially approved vestibular rehabilitation has been provided, the medical necessity of the full 18 sessions of vestibular rehabilitation is not established.