

<b>Case Number:</b>	CM14-0092859		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	02/03/2011
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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, has a subspecialty in Interventional Spine, 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 patient is a 31-year-old male with date of injury of 02/03/2011. The listed diagnoses per [REDACTED] Are: 1. Cognitive disorder, not otherwise specified secondary to traumatic brain injury 2. Mood disorder, secondary to traumatic brain injury with mixed emotional features including depression and anxiety. 3. Status posttraumatic brain injury According to the 05/21/2014 report, the patient is having two episodes of uncommon headache/blackout in the past week. The patient reports having "internal heating" pain at the site of the head injury approximately 7 days ago, and another incident of "blackout" for several seconds and subsequently requiring going to sleep. Due to the patient's history of seizure activity and recent reduction of Keppra, it cannot be ruled out that he has experienced breakthrough seizure activity in the past week. The treater was able to aid the patient in vestibular therapy to address chronic and escalating dizziness, headache, and vision impairment. The patient was able to process barriers to obtain his treatment needs and is receptive to problem solving strategies to improve motivation for treatment. The utilization review denied the request on 06/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy X 12 Upper, Lower Back and Neck:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with headaches/blackout. The patient is status posttraumatic brain injury. The treater is requesting 12 physical therapy visits for the upper/lower back and neck. The MTUS Guidelines pages 98 and 99 on Physical Medicine recommend 8 to 10 visits for myalgia-, myositis-, and neuralgia-type symptoms. The records do not show any physical therapy reports to verify how many treatments the patient has received and with what results. The utilization review denied the request stating that the patient has completed some 22 physical therapy sessions to date. In this case, the requested 12 sessions when combined with the previous 22 sessions would exceed MTUS Guidelines. The patient should be able to transition into a home exercise program to improve range of motion and strength. Therefore, is not medically necessary.

**Chiropractic Treatment X 12 Upper, Lower Back and Neck:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

**Decision rationale:** This patient presents with headaches/blackout. The treater is requesting 12 chiropractic treatments for the upper and lower back and neck. The MTUS Guidelines on Manual Therapy and Treatments pages 58 and 59 recommend this treatment for chronic pain if caused by musculoskeletal conditions. A trial of six visits over 2 weeks is recommended and with evidence of objective functional improvement up to 18 visits over 6 to 8 weeks. The records do not show that the patient has tried chiropractic treatments before. While a trial course may be reasonable, the requested 12 sessions exceeds MTUS recommended initial six visits over 2 weeks. Therefore, is not medically necessary.

**Vestibular Therapy X12:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Vestibular PT rehabilitation

**Decision rationale:** This patient presents with headaches/blackout. The treater is requesting 12 sessions of Vestibular Therapy. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines on Vestibular PT Rehabilitation states that it is recommended for patients with vestibular complaints (dizziness and balance dysfunction) such as with TBI/concussion. Vestibular rehabilitation should be considered in the management of individuals

post-concussion with dizziness and gait and balance dysfunction that do not resolve with rest. The UR denied the request stating that the report from 03/10/2014 does not clearly support a medical rationale for treatment. The 05/21/2014 PR2 notes that the patient has had two episodes of uncommon headaches/blackout in the past week. He has chronic and escalating dizziness including headaches and vision impairment with a diagnosis of traumatic brain injury. It is unclear from the reports if the patient has received vestibular therapy in the past. In this case, the patient continues to complain of ongoing headaches and dizziness including blackouts, and the requested 12 sessions of Vestibular Therapy is reasonable given the patient's recent symptoms. Recommendation is medically necessary.