

<b>Case Number:</b>	CM15-0016010		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49-year-old female who reported an injury on 11/02/2013. The mechanism of injury involved a fall. The current diagnoses include traumatic brain injury, post concussive symptoms, headache, cervical spine sprain with bilateral radiculitis, lumbar spine sprain, left knee sprain/strain, right knee contusion, and left forearm contusion. The latest physician progress report submitted for review is documented on 12/05/2014. The injured worker presented with complaints of persistent left knee pain, cervical pain, and instability of the left knee with clicking and giving out. The injured worker has been previously treated with physical therapy, acupuncture, and chiropractic therapy for the cervical and lumbar spine, with only mild relief of symptoms. Upon examination, there was mild distress noted with difficulty rising from a sitting position, stiffness, and an antalgic gait. Recommendation included a prescription for Norco 5/325 mg, an MRI of the lumbar spine, an orthopedic consultation, and continuation of Desyrel 100 mg. The injured worker was instructed to discontinue Ondansetron prior to balance training.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vestibular balance training sessions:** 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, Vestibular PT 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 Chapter, Vestibular PT. rehabilitation

**Decision rationale:** The Official Disability Guidelines recommend vestibular training to assess the function of the vestibular portion of the inner ear for patients who are experiencing symptoms of vertigo, unsteadiness, dizziness, and other balance disorders. Vestibular physical therapy rehabilitation is recommended for patients with vestibular complaints. Patients with mild traumatic brain injury often complain of dizziness. However, these problems may be undetected by a clinical examination. The number of completed vestibular balance training sessions to date was not provided. There was no objective evidence following the unspecified number of completed sessions provided. A more recent clinical evaluation with relevant physical examination findings was not included. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate.