

<b>Case Number:</b>	CM14-0104083		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 54-year-old male who reported an injury on 08/21/2013 due to a motor vehicle accident. The injured worker's diagnoses included cervical strain, subjective disease, and headaches. The injured worker was treated with medications. The injured worker was evaluated on 05/29/2014. The injured worker's medications included losartan, levothyroxine, amlodipine, Nortriptyline, and ibuprofen. The injured worker complained of light headedness. Physical findings included no evidence of instability upon physical examination of the cervical spine. A request was made for a videonystagmography to evaluate the labyrinth system due to persistent complaints of light headedness and dizziness. No Request for Authorization was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Videonystagmography Test.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.gov/pubmed/21171308>

**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 studies and <http://www.ncbe.nih.gov/pubmed/21171308>

**Decision rationale:** The clinical documentation submitted for review does indicate that the injured worker complains of light headedness and some dizziness. Official Disability Guidelines do recommend the use of this type of imaging to evaluate complaints of dizziness. However, there are no objective findings upon clinical examination to support subjective complaints. There is no evaluation of the injured worker's neurological system. Furthermore, the clinical documentation submitted for review does indicate that the injured worker's symptoms are improving. Additionally, injured workers with mild traumatic brain injuries often have complaints of dizziness. Therefore, it is unclear how a diagnostic study would contribute to the injured worker's treatment planning. As such, the requested videonystagmography is not medically necessary or appropriate.