

<b>Case Number:</b>	CM14-0012697		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/20/2007
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Otolaryngology and is licensed to practice in Texas. 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 33-year-old male who reported an injury on 02/20/2007. The mechanism of injury was not provided. On 02/04/2014, the injured worker presented with low back and left leg pain. The prior treatment included an epidural steroid injection, medications, and cognitive behavioral therapy. Upon examination, the injured worker was alert and oriented with a depressive mood affect, no acute distress, no apparent loss of coordination, and normocephalic and atraumatic were normal. The diagnoses were radiculopathy of the lumbar spine, pain disorder related to psychological factors, and failed back syndrome in the lumbar. The provider recommended vestibular testing, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **VESTIBULAR TEST, POSITIONAL NYSTAGMUS TEST QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Head Chapter.

**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 Studies.

**Decision rationale:** The Official Disability Guidelines state vestibular studies assess the function of the vestibular portion of the inner ear for injured workers experiencing symptoms of vertigo, unsteadiness, dizziness, and other balance disorders. Vestibular function studies should be performed by licensed audiologists or registered audiology aide working under the direct supervision of the audiologist. Alternately, it can be performed by a physician or personnel operating under a physician's supervision. The clinicians need to assess and vestibular impairment following concussion using brief, screening tools that allow them to move injured workers into targeted treatment tracks that will provide more individualized therapy for their specific impairment. The injured workers with mild traumatic brain injury often complain of dizziness; however, these problems may be undetected by a clinical exam. Objective measurement techniques should be used to assess the clinical complaints of imbalance from injured workers with TPI. An adequate examination of the injured worker was not provided detailing current deficits of the vestibular to warrant a vestibular test. There is an absence of documentation of subjective or objective functional deficits. As such, the request is not medically necessary.

**VESTIBULAR TEST, SINUSOIDAL VERTICAL AXIS ROTATIONAL TEST QTY:  
2.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Head Chapter.

**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 Studies.

**Decision rationale:** The Official Disability Guidelines state vestibular studies assess the function of the vestibular portion of the inner ear for injured workers experiencing symptoms of vertigo, unsteadiness, dizziness, and other balance disorders. Vestibular function studies should be performed by licensed audiologists or registered audiology aide working under the direct supervision of the audiologist. Alternately, it can be performed by a physician or personnel operating under a physician's supervision. The clinicians need to assess and vestibular impairment following concussion using brief, screening tools that allow them to move injured workers into targeted treatment tracks that will provide more individualized therapy for their specific impairment. The injured workers with mild traumatic brain injury often complain of dizziness; however, these problems may be undetected by a clinical exam. Objective measurement techniques should be used to assess the clinical complaints of imbalance from injured workers with TPI. An adequate examination of the injured worker was not provided detailing current deficits of the vestibular to warrant a vestibular test. There is an absence of documentation of subjective or objective functional deficits. As such, the request is not medically necessary.

**VESTIBULAR TEST, ELECTRO-OCULOGRAPHY WITH INTERPRETATION QTY:  
2.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Head Chapter.

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

**Decision rationale:** The Official Disability Guidelines state vestibular studies assess the function of the vestibular portion of the inner ear for injured workers experiencing symptoms of vertigo, unsteadiness, dizziness, and other balance disorders. Vestibular function studies should be performed by licensed audiologists or registered audiology aide working under the direct supervision of the audiologist. Alternately, it can be performed by a physician or personnel operating under a physician's supervision. The clinicians need to assess and vestibular impairment following concussion using brief, screening tools that allow them to move injured workers into targeted treatment tracks that will provide more individualized therapy for their specific impairment. The injured workers with mild traumatic brain injury often complain of dizziness; however, these problems may be undetected by a clinical exam. Objective measurement techniques should be used to assess the clinical complaints of imbalance from injured workers with TPI. An adequate examination of the injured worker was not provided detailing current deficits of the vestibular to warrant a vestibular test. There is an absence of documentation of subjective or objective functional deficits. As such, the request is not medically necessary.

**VESTIBULAR TEST, VERTICAL ELECTRODES QTY: 2.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Head Chapter.

**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 Studies.

**Decision rationale:** The Official Disability Guidelines state vestibular studies assess the function of the vestibular portion of the inner ear for injured workers experiencing symptoms of vertigo, unsteadiness, dizziness, and other balance disorders. Vestibular function studies should be performed by licensed audiologists or registered audiology aide working under the direct supervision of the audiologist. Alternately, it can be performed by a physician or personnel operating under a physician's supervision. The clinicians need to assess and vestibular impairment following concussion using brief, screening tools that allow them to move injured workers into targeted treatment tracks that will provide more individualized therapy for their specific impairment. The injured workers with mild traumatic brain injury often complain of dizziness; however, these problems may be undetected by a clinical exam. Objective measurement techniques should be used to assess the clinical complaints of imbalance from

injured workers with TPI. An adequate examination of the injured worker was not provided detailing current deficits of the vestibular to warrant a vestibular test. There is an absence of documentation of subjective or objective functional deficits. As such, the request is not medically necessary.