Case Number:	CM14-0047525		
Date Assigned:	08/01/2014	**Date of Injury:**	08/17/2012
Decision Date:	10/29/2014	**UR Denial Date:**	03/13/2014
Priority:	Standard	**Application Received:**	04/14/2014

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 Occupational Medicine 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:

There were 54 pages for this review. There was a UR determination from March 13, 2014. An accompanying electronystagmogram, videonystagmography, were non certified. Per the records provided, the mechanism of injury was being hit in the head. The medicines at the time of review included Motrin, colchicine, lisinopril, Prilosec and zolpidem. Surgical history was not available. The patient was further described as a 49-year-old male who was injured on August 17, 2012. His treatment to date was not evident. He presented with complaints of low back pain, neck pain, bilateral upper extremities weakness, headaches, vertigo and blurry vision. The requesting doctor, a neurologist, made a referral to an audiologist. It was felt that the audiologist could help determine if the other more advanced studies were needed. It is not clear what the vestibular neurologic examination was, and whether basic simple vestibular rehabilitation therapy exercises had been tried to resolve what could be benign positional vertigo.

IMR ISSUES, DECISIONS AND RATIONALES

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

Audiology evaluation with BAER (Brainstem Auditory Evoked Response): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

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

Decision rationale: The MTUS is silent on an audiology consultation to include a vestibular study like this one. The ODG notes regarding vestibular studies in the Head section:Recommended as indicated below. Vestibular studies 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. The vestibular portion of the inner ear maintains balance through receptors that process signals produced by motions of the head and the associated responsive eye reflexes that result in the visual perception of how the body is moving. Vestibular function studies should be performed by licensed audiologists or a registered audiology aide working under the direct (physically present) supervision of the audiologist. Alternately, they can be performed by a physician or personnel operating under a physician's supervision. (Curthoys, 2010).In this case, an audiologist would not generally do this kind of advanced testing; basic physical neurologic exam identifying possible sources of the nystagmus were not provided to determine if this is simply benign positional vertigo, with simple vestibular rehabilitation and exercise training as the only corrective requirement. The request is not medically necessary and appropriate.

Electronystagmography: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 426.

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

Decision rationale: As shared, the MTUS is silent on a vestibular study like this one. The ODG notes regarding vestibular studies in the Head section:Recommended as indicated below. Vestibular studies 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. The vestibular portion of the inner ear maintains balance through receptors that process signals produced by motions of the head and the associated responsive eye reflexes that result in the visual perception of how the body is moving. Vestibular function studies should be performed by licensed audiologists or a registered audiology aide working under the direct (physically present) supervision of the audiologist. Alternately, they can be performed by a physician or personnel operating under a physician's supervision. (Curthoys, 2010)As mentioned previously, basic physical neurologic exam identifying possible sources of the nystagmus was not provided; this could simply be benign positional vertigo, with simple vestibular rehabilitation and exercise training as the only corrective requirement needed. The request is not medically necessary and appropriate.

Videonystagmography: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 426.

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

Decision rationale: Again, the MTUS is silent on a vestibular study like this one. The ODG notes regarding vestibular studies in the Head section:Recommended as indicated below. Vestibular studies 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. The vestibular portion of the inner ear maintains balance through receptors that process signals produced by motions of the head and the associated responsive eye reflexes that result in the visual perception of how the body is moving. Vestibular function studies should be performed by licensed audiologists or a registered audiology aide working under the direct (physically present) supervision of the audiologist. Alternately, they can be performed by a physician or personnel operating under a physician's supervision. (Curthoys, 2010)As mentioned previously, basic physical neurologic exam identifying possible sources of the nystagmus was not provided; this could simply be benign positional vertigo, with simple vestibular rehabilitation and exercise training as the only corrective requirement needed. The request is not medically necessary and appropriate.