

<b>Case Number:</b>	CM14-0062503		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 50 year old female was reportedly injured on June 15, 2011. The mechanism of injury is noted as having a shelf fall on her. The most recent progress note, dated June 17, 2014, indicates that there are ongoing complaints of neck pain radiating to the left greater than right upper extremity. Medications were stated not to provide significant functional improvement. The physical examination demonstrated left sided cervical paraspinous tenderness as well as tenderness of the left trapezius and levator scapulae. There was decreased range of motion of the cervical spine. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes surgery for a cervical spine fusion and postoperative physical therapy. A request had been made for a positional nystagmus test, sinusoidal vertical axis rotational testing, electro-oculography, and supplemental electrical testing and was not certified in the pre-authorization process on April 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Positional nystagmus test, minimum 4 positions with recording:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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, Updated August 11, 2014.

**Decision rationale:** The most recent progress note dated June 17, 2014, does not indicate that the injured employee has any complaints of dizziness or vertigo. Therefore it is unclear why there is a request for testing to evaluate this. Without additional justification, this request for positional nystagmus testing with a minimum of four positions and recording is not medically necessary.

**Sinusoidal Vertical axis rotational testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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, Updated August 11, 2014.

**Decision rationale:** The most recent progress note dated June 17, 2014, does not indicate that the injured employee has any complaints of dizziness or vertigo. Therefore it is unclear why there is a request for testing to evaluate this. Without additional justification, this request for sinusoidal vertical axis rotational testing is not medically necessary.

**Electro-oculography with interpretation and report:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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, Updated August 11, 2014.

**Decision rationale:** The most recent progress note dated June 17, 2014, does not indicate that the injured employee has any complaints of dizziness or vertigo. Therefore it is unclear why there is a request for testing to evaluate this. Without additional justification, this request for electro-oculography with interpretation and report is not medically necessary.

**Supplemental Electrical test, use of vertical electrodes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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, Updated August 11, 2014.

**Decision rationale:** The most recent progress note dated June 17, 2014, does not indicate that the injured employee has any complaints of dizziness or vertigo. Therefore it is unclear why there is a request for testing to evaluate this. Without additional justification, this request for supplemental electrical testing with the use of vertical electrodes is not medically necessary.