

<b>Case Number:</b>	CM14-0112961		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	02/21/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Neurology, has a subspecialty in Pain Medicine 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:

2/6/14 note indicates the insured reports injury on 2/21/12 of a fixture falling on the right side of the head. Since that time, the insured reports constant pain in the right neck and pain that causes a dizzy feeling particularly when working with the hands over the head. Examination noted the pupils were round and equally reactive with full range of motion. Adometrics testing was normal with negative fistula testing. 5/20/14 note reported tenderness of the neck and shoulder girdle with moderately restricted range of motion in all directions with pain elicited in all directions. There was positive romberg testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Head Impulse Testing:** 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.nih.gov/pubmed/9597280>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: pubmed - <http://www.ncbi.nlm.nih.gov/pubmed/?term=9597280> The head impulse test is a simple clinical test comprising high acceleration head rotation. In the presence of a severe unilateral vestibular weakness the normal vestibulo-ocular reflex is replaced by a

misalignment of the eye followed by a series of corrective saccades which are evident to the examiner.

**Decision rationale:** The medical records provided for review do not indicate any abnormal vestibular testing findings such as nystagmus. The presence of abnormal gait balance testing (romberg) in the absence of other abnormal vestibular testing, does not support vestibular abnormality. There is no indication of abnormal caloric testing and audiometrics are reported normal with negative fistula testing. Head impulse testing is a clinical test to assess vestibular testing and published data to date does not demonstrate in as a replacement for standard caloric testing. As the medical records do not demonstrate abnormal vestibular findings or results of other standardized testing for vestibular function, the medical records do not support head impulse testing.