

<b>Case Number:</b>	CM14-0130024		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for tinnitus, headaches, migraines, and dizziness reportedly associated with an industrial injury of August 30, 2011. In a Utilization Review Report dated August 13, 2014, the claims administrator approved one followup visit while denying ABR/auditory evoked potential testing, ENG testing, and various vestibular testing. The applicant's attorney subsequently appealed. In an April 10, 2012 progress note, the applicant was described as having a variety of issues associated with headaches and anxiety. The applicant was working as a dispatcher, it was acknowledged. The applicant's medications included Pamelor, Norco, Relafen, and Protonix, it was noted. The stated diagnoses included posttraumatic stress disorder, postconcussion syndrome, neck pain, and low back pain. On January 10, 2013, the applicant was asked to continue with Pamelor, Relafen, Norco, Lexapro, Topamax, and Protonix. It was noted that the applicant was working full-time modified duty work, as of that point in time. On September 16, 2014, the applicant was apparently using Lexapro and Pamelor. The applicant had undergone six sessions of vestibular therapy. The applicant had recently given birth, it was noted. Headaches, photophobia, phonophobia, tinnitus, and vertigo were also reported. Cognitive behavioral therapy and various vestibular testing were sought. The applicant was asked to continue Norco and titrate Lexapro and Pamelor upward. It was stated that the applicant was off of work on maternity leave for the time being, but was planning to return to work in short order, in two weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ABR (Auditory brainstem response) Test: Auditory Evoked Potentials for Evoked Response Audiometry and /or Testing of The Central Nervous System.: 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>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Dizziness, Vertigo, and Imbalance Workup.

**Decision rationale:** The MTUS does not address the topic. As noted by Medscape, however, the clinical yield of vestibular test is low. Medscape further notes that "over interpretation of oculomotor findings is common." In this case, the applicant has a variety of issues associated with migraine headaches, including photophobia, phonophobia, nausea, etc. The applicant also has issues associated with posttraumatic stress disorder and depression-induced dizziness and depression-induced headaches. It does not appear that the ABR testing would be of much benefit in establishing the presence of migraine headache induced dizziness and/or depression-induced dizziness. Therefore, the request is not medically necessary.

**ENG(Electronystagmogram) Testing: Spontaneous Nystagmus Test, Including Gaze and Fixation Nystagmus, 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, Head<http://www.ncbi.nlm.nih.gov/pubmedhealth.Electronystagmography>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Dizziness, Vertigo, and Imbalance Workup.

**Decision rationale:** The MTUS does not address the topic. However, as noted by Medscape, the clinical yield of vestibular testing is often low. Medscape further notes that "over interpretation of oculomotor findings is common" and often leads to unnecessary diagnostic testing. In this case, the applicant has known issues with depression, posttraumatic stress disorder, and migraine headaches. Formal testing for vestibular dysfunction such as ENG at issue would be of no benefit in establishing the presence of migraine headache-induced dizziness and/or depression-induced dizziness. Therefore, the request is not medically necessary.

**ENG (Electronystagmogram) Testing: Caloric Vestibular Test, Each Irrigation (binaural, bithermal Stimulation Constitutes Four Tests), 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, Head <http://www.ncbi.nlm.nih.gov/pubmedhealth.Electronystagmography>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Dizziness, Vertigo, and Imbalance Workup.

**Decision rationale:** The MTUS does not address the topic. As noted by Medscape, however, the clinical yield of vestibular testing is often low. Furthermore, over interpretation of ocular motor findings is common, Medscape notes, often leading to unnecessary neurologic investigations. In this case, the applicant has a variety of issues with depression-induced dizziness and migraine headache-induced dizziness. Formal vestibular testing, such as ENG testing at issue, would be of no benefit in establishing the presence of depression-induced dizziness and/or migraine headache-induced dizziness. Therefore, the request is not medically necessary.

**ENG(Electronystagmogram) Testing: Use of Vertical Electrodes (List Separately In Addition to Code for Primary Procedure): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.<http://www.ncbi.nlm.nih.gov/pubmedhealth.Electronystagmography>

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the original request is not medically necessary, all related requests are considered to be medical unnecessary.