

<b>Case Number:</b>	CM15-0028180		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	01/14/2014
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 67 year old female, who sustained a work/ industrial injury on 1/14/14 as an instructor when she slipped and fell backwards and hit her head while walking outside. She has reported symptoms of tinnitus in left ear, hearing loss, headaches, and dizziness. Prior medical history includes hypertension and sleep apnea. The diagnosis have included positional vertigo, closed head injury, left shoulder pain, and neck strain. Treatments to date included neurological and diagnostic testing. Diagnostics included Computed Tomography (CT) scan and Magnetic Resonance Imaging (MRI) that were normal. A request was made for testing due to risk of fall and injury due to positional vertigo. On 1/15/15, Utilization Review non-certified VNG Testing; Evoked Otoacoustic Emissions: Comprehensive or Diagnostic Evaluation, noting Non-Medical treatment Utilization Schedule (MTUS) Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VNG Testing:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alternative Guidelines, <http://www.ncbi.nlm.nih.gov/pubmed/22035505>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape article regarding Electronystagmography found at website <http://emedicine.medscape.com/article/836028-overview>.

**Decision rationale:** The patient presents with a whoosing noise in the left ear, headaches and dizziness. She is working regular duty with no restrictions. The current request is for VNG testing. VNG is videonystagmography which records eye movements using an infrared video camera during Electronystagmography (ENG) testing which is a group of eye-movement tests that look for signs of vestibular dysfunction or neurological problems. The treating physician report dated 1/23/15 states, recommend VNG as she continues to have positional vertigo and is at risk for falling. She likely has a benign positional vertigo caused by head injury. The patient is diagnosed with sensorineural hearing loss, peripheral vertigo and subjective tinnitus. The MTUS and ODG guidelines do not address VNG testing which is part of ENG testing as the two tests are done simultaneously. The strength of evidence hierarchy then leads us to the Medscape article regarding Electronystagmography found at website <http://emedicine.medscape.com/article/836028-overview>. Review of the provided medical reports does not mention prior VNG or ENG testing being performed. The physical examination documents that the patient experienced positional vertigo when getting up and lying down with neck turning. The patient is unable to tandem walk; she has balance problems and audiology testing showed shows loss at 8K bilaterally. In reviewing the Medscape ENG article there is documentation of a study that showed support for ENG testing. While the study only produced a low outcome measure, there is support for ENG testing to help determine whether a disorder is central or peripheral. In this case, the treating physician requested VNG testing to determine the cause of her dizziness. The medical records provided establish that the patient has continued dizziness following a head trauma and the current request is supported by the reviewed medical literature. The request for VNG testing is medically necessary.

**Evoked Otoacoustic Emissions: Comprehensive or Diagnostic Evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alternative Guidelines Used; J Otolaryngol Head Neck Sur. 2008 Oct;37(5);718-24; <http://www.ncbi.nlm.nih.gov/pubmed/19128682>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medscape overview article found at website <http://emedicine.medscape.com/article/835943-overview>.

**Decision rationale:** The patient presents with a whoosing noise in the left ear, headaches and dizziness. She is working regular duty with no restrictions. The current request is for Evoked Otoacoustic Emissions: Comprehensive or Diagnostic Evaluation. The primary purpose of otoacoustic emission (OAE) tests is to determine cochlear status, specifically hair cell function. This information can be used to (1) screen hearing (particularly in neonates, infants, or individuals with developmental disabilities), (2) partially estimate hearing sensitivity within a limited range, (3) differentiate between the sensory and neural components of sensorineural hearing loss, and (4) test for functional (feigned) hearing loss. The treating physician report dated 1/23/15 states, Audiogram today show hearing loss at 8K on each side. The MTUS and ODG guidelines do not address Evoked Otoacoustic Emissions: Comprehensive or Diagnostic Evaluations. The Medscape overview article found at website <http://emedicine.medscape.com/article/835943-overview> indicates that this test is a hearing

test and does not help in the diagnostic process regarding dizziness or headaches. In this case, the patient has received an audiology test that revealed some loss of hearing. There is no rationale provided to medically justify the current request for OAE testing and the requested test is not intended to help identify the working diagnosis of peripheral vertigo. The current request is not medically necessary.