

# Wren Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Feb/13/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Vertical rotation testing for recurrence of extreme dizziness, as an outpatient

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

M.D., Board Certified Family Practice

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines, does not address  
Request for IRO 01/26/12

Utilization review determination 01/16/12

Utilization review determination 01/25/12

Clinic notes, Dr. 06/03/10, 11/03/10, 01/12/12

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who sustained a concussion on xx/xx/xx. She developed dizziness on 06/01/10. This is reported to be moderate to severe with recurrent vertigo, light-headedness, residual unbalance, dizziness at multiple times a day lasting for a few seconds. There is veering to right on ambulation and delayed focusing of visual fields, rapid head movements can trigger dizziness, and there is some nausea and vomiting. There is report of bilateral oral fullness. Historically the claimant has been using Meclizine and Promethazine, which has caused sedation without effectively improving dizziness. Physical examination on 06/03/10 documents extraocular movements intact with normal gaze alignment. There is no spontaneous gaze or nystagmus. Examination of ears is within normal limits. Claimant is neurologically intact. Romberg's test revealed moderate sway. Gait was normal. Tandem gait was mildly unstable. An audiogram was performed and hearing is within normal limits. Speech discrimination was 100% bilaterally. Reflexes were normal. Vestibular evoked myogenic potentials were 26% asymmetry weaker to left. It is suspected she has benign paroxysmal positional vertigo. ENG, VNG study was performed on 11/03/10.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The request for vertical rotational testing for recurrence of extreme dizziness as outpatient is not supported a medically necessary. The most recent clinic notes do not provide detailed

physical examination. Further, the requested study is unlikely to provide any new or definitive clinical information that would result in a significant change in the claimant's current treatment plan. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)