

Notice of Independent Review Decision

**DATE OF REVIEW: 06/12/12**

**IRO CASE #:**

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

Medical Necessity of a Follow up Office Visit with Vestibular Autorotation Testing  
92546

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

The physician performing this review is Board Certified, American Board of Otolaryngology. The physician is a member of the Texas Medical Association, Houston Society of Otolaryngology – Head and Neck Surgeons, American Society of Pediatric Otolaryngologists. The physician has been in practice for 14 years.

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

*Upon independent review, I find that the previous adverse determination or determinations should be Upheld.*

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records Received: 17 page fax 05/23/12 Texas Department of Insurance IRO request, 33 page fax 05/23/12 URA response to disputed services including

administrative and medical records. Dates of documents range from 03/09/12 to 05/30/12.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a woman who on xx/xx/xx sustained an injury to her head. She was unconscious for about 30-60 seconds. She developed constant dizziness as a feeling of vertigo with lightheadedness, imbalance, and difficulties and also experienced aural fullness bilaterally. She has a history of motion sickness and persistent dizziness which is described as delay focusing of visual fields and imbalance. It is worsened by turning her head to her right or left. The patient also has pain on the left top of her forehead which is sharp and it is wiggling. She also reports of bilateral popping which is greater in her right ear with decreased subjective hearing. Physical exam reveals unstable Romberg, Tandem Romberg, and Tandem gait. She restarted Diphenidol with minimal relief.

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

Ms. otologist has requested a rotary chest test, which is a test to examine her peripheral vestibular function. Other tests that may be employed to obtain insight regarding this problem include caloric and vestibular-evoked myogenic potential tests. Based on the medical literature, all of these tests have good sensitivity and specificity for unilateral peripheral vestibular pathology, and there is no obvious gold standard or test that makes the use of alternative testing obsolete or unwise. Therefore, it seems that if caloric testing is significantly more cost effective and approved by the insurance, whereas rotational testing is not a covered benefit, it would seem appropriate to deny the rotary chest test and approve caloric testing or vestibular-evoked myogenic potential testing instead of the rotary chair test.

One such recent publication indicating similar efficacy for these tests comes from the *International Journal of Audiology*, 2011, August, Vol. 50, 8<sup>th</sup> issue, pp. 566-567. The PMID number for that publication was 21751944. After reviewing ODG there is no formal source of screening criteria, but this was based on standard clinical judgment and publications such as the one detailed prior to arrive at this decision.

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

- ACOEM- AMERICAN 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) *International Journal of Audiology*, 2011, August, Vol. 50, 8<sup>th</sup> issue, pp. 566-567.
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)