



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review

DATE NOTICE SENT TO ALL PARTIES: 02.14.14

AMENDED REPORT SENT: 02/28/14

IRO CASE #:

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

Texas Licensed M.D., board certified in **Otolaryngology**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Audiogram with vestibular testing and vestibular therapy time 15 visits

REVIEW OUTCOME:

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

- X** Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
386.50	92504		Prosp.				Xx/xx/xx		Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- TDI case assignment.
- Initial letter of denial on 01/08/14 including criteria used in the denial.
- Reconsideration, 01/14/14.
- Additional reconsideration on 01/20/14.
- Letter from physician on 07/02/13.
- Treating doctor's office notes on 06/18/13, 07/29/13, 08/17/13, 08/17/13, 08/29/13, 09/25/13, and 10/10/13. Videonystagmography, vestibular autorotation testing and radiology report on 05/09/13 and CT results on 05/09/13.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient is a woman who presented initially regarding dizziness described as a feeling of vertigo and light-headedness. The dizziness first occurred prior to her initial visit. She stated her dizziness typically lasted for a few days and she reported only a couple of occurrences just shortly before her initial visit. She was working on a project and was looking up and down often, when she noticed constant dizziness for two weeks around February of 2013. Her dizziness then improved. It became intermittent lasting seconds to minutes. The episodes began occurring 5 to 10 times per day. They could be triggered by rapid head movements. She has felt the symptoms to be visual since she can feel dizzy when seeing moving cars, associated with dizziness she has noted nausea. She saw who suspected benign positional vertigo. The patient reports she had positional testing and eye testing which did not show a benign positional vertigo. She denied subjective hearing loss, tinnitus, oral fullness or headaches. She reported a history of allergy symptoms including nasal congestion and rhinorrhea. She has used Claritin or Zyrtec with some relief. She had an audiogram on 02/12/13 office which was normal. With testing, she was felt to have vestibular oculomotor dysfunction and likely benign positional vertigo which was not active. Vestibula-based

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rehabilitation therapy was ordered, but she did not proceed at that time. She experienced a head injury where she was hit in the head. She developed her worse vertigo episode ever with associated nausea and vomiting on 05/10/13. She was seen in the ER, given meclizine and lorazepam and underwent head CT, which she told was normal. At her last visit, she prescribed prednisone. She proceeded with vestibular-based rehabilitation therapy evaluation and during Fukuda testing exhibited 60 degree leftward turning eyes closed with frequency increased to the point of becoming nearly continuous except when lying down, although the symptoms have not been as intense. She had described a feeling of being like on a boat. It could be worsened with rapid head turning. She had had no headache or hearing changes.

Subsequent examinations have shown continued normal hearing. She continues with home therapy and has had some improvement in her symptoms. Her ear examination was noted to be normal. She has had a right-sided unilateral weakness noted on vestibular testing.

Second audiogram on 06/18/13 was also noted to be within normal limits without change. Previous denial was based on the fact that there was no current clinical basis to support repeating the test and no real objective findings with previous normal testing to support repeat testing or therapy based on the provided records. The current podium suggests a possible central component to her symptoms which has not been evaluated.

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

The patient has had underlying vertigo clinically worsened by an injury to her head. She has had normal audiometrics, normal physical exam, and non-specific vestibular testing with a normal CT scan. The request for further testing is not substantiated in all medical probability based on the fact that she had had no specific abnormalities noted and the previous testing did not delineate an abnormality. ODG notes regarding vestibular studies in the head section recommended to assess the functional vestibular portion of inner ear. The patient should experience symptoms of vertigo, unsteadiness, dizziness or other balance disorders. The vestibular portion of inner ear maintains balance through receptors that process signals produced by motions of head and associated responsive eye reflexes that result in visual perception of how the body is moving. Vestibular function studies to be performed by licensed audiologist or registered audiology aid working under the direct physical supervision of the audiologist. Alternately, they can be performed by a physician or personnel operating under physician's supervision.

There is no current clinical basis to support repeating the tests from the provided records as there were no real objective findings in the previous testing.

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 judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)