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| <b>Case Number:</b>   | CM13-0061531 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 09/24/2007 |
| <b>Decision Date:</b> | 06/30/2014   | <b>UR Denial Date:</b>       | 11/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/05/2013 |

### 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 Otolaryngology 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:

Patient have undergone extensive orthopedic evaluation, during the write up of which there is brief mention of past evaluation of hearing loss and dizziness. It is stated that "hearing loss curves are similar". There is no further description of the complaint of dizziness. It is mentioned that past evaluation stated the patient should have an ENG and "also may need an MRI of the internal auditory canals..."

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MRI OF THE INTERNAL AUDITORY CANALS WITH CONTRAST:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (ACR) 2008 page 61.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Kaylie D, et al. Evaluation of the patient with recurrent vertigo. Arch Otolaryngol Head Neck Surg. 2012; 138(6); 584-7, as well as Labuguen RH. Initial evaluation of vertigo. Am Fam Physician 2006; 73(2):244-51.

**Decision rationale:** Other Medical Treatment Guideline or Medical Evidence: Kaylie D, et al. Evaluation of the patient with recurrent vertigo. MRI of the internal auditory canals is not indicated in the setting of symmetric SNHL. In addition, it is certainly not first line of evaluation in the setting of vertigo. ENG may be indicated, but more detailed description of patient's vertigo is needed to determine even the need for this. Given the above the request is not medically necessary.