

Case Number:	CM14-0002115		
Date Assigned:	06/11/2014	Date of Injury:	03/07/2012
Decision Date:	07/25/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/07/2014

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 Otolaryngologist and is licensed to practice in Texas. 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:

The injured worker is a 54 year old male who reported an injury on 03/07/2012 due to an explosion. The injured worker had an examination on 10/30/2013 which revealed he was following up for tinnitus. The injured worker stated unable to tolerate working environment due to tinnitus and left ear hearing loss. The injured worker had a hearing aid. Diagnostic studies were not submitted. Medications that were used in the past to help tinnitus were Pamelor, lorazepam, nortriptylline. Diagnoses were tinnitus, hearing loss, hyperacusis. The treatment plan was for to start Neurontin 600mg one tablet three times daily, wearable sound generator/broadband or white noise distractor. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEARABLE SOUND GENERATOR I BROADBAND OR WHITE NOISE DISTRACTOR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: <http://www.tinnitus.org.uk/sound-therapy>.

Decision rationale: There was no rationale provided in the document submitted. The wearable sound generator is fairly new and the purpose is to enable people to habituate to their tinnitus, so that it is filtered out most of the time by the brain, even though it is still present. The use of masking (loud noise which drowns out the tinnitus) can give some relief but this approach does not encourage habituation. This therapy is not in the California Guidelines, ACOEM or Official Disability Guidelines. Therefore, the request is not medically necessary.