

Case Number:	CM14-0163053		
Date Assigned:	10/08/2014	Date of Injury:	12/30/2013
Decision Date:	10/31/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/03/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 60-year-old with a reported date of injury of 12/30/2013. The patient has the diagnoses of tinnitus, post concussive syndrome and disequilibrium. Per the progress notes provided for review by the treating physician dated 09/09/2014, the patient had complaints of tinnitus for 9 months after having an artificial tree fall on the patient's head. The patient also reports occasional disequilibrium and balance complaints. The physical exam did not note any abnormalities. The treatment plan consisted of audiometric evaluation and an MRI of the brain to assess any retro cochlear pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Brain with & without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Family Physicians, diagnostic approach to tinnitus

Decision rationale: The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested service. Per the AFP article on the diagnostic approach to tinnitus, tinnitus can have many different causes including hearing loss, Meniere's disease, acoustic neuroma, ototoxic medications/substances, head injury, multiple sclerosis, thyroid disorder, B12 deficiency, hyperlipidemia, depression, anxiety, fibromyalgia, arterial bruit, venous hum, AV malformation and vascular tumors. All patients with tinnitus should have an audiometric assessment because the subjective complaint usually correlates poorly with actual acoustic properties. A full comprehensive physical exam and audiometric exam should precede any radiology studies. The exception is in the case of pulsatile tinnitus. This patient has the diagnosis of subjective tinnitus and not pulsatile tinnitus. There are no noted abnormalities on the physical exam. Therefore audiometric assessment should be performed before any radiographic studies are performed. Therefore the request is not medically necessary.

Audiology consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Family Physicians, tinnitus

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