

<b>Case Number:</b>	CM14-0163345		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational Medicine 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:

53-year-old male repairperson injured at work on 14 Dec 2014 when he slipped on a wet floor and fell onto his back. The injury caused neck, low back and right shoulder pain. He was diagnosed as chronic cervical strain, chronic low back strain with associated degenerative disc disease in the neck and lower back. Currently he complains of on and off neck pain especially when he turns his neck to the right, constant severe bilateral shoulder pain with associated pins and needles into his upper extremities, constant low back pain radiating into his left leg with numbness/tingling in both feet, and on and off sharp bilateral wrist and hand pain. He also has tearing eyes and bilateral ringing in ears with possible hearing loss. Comorbid conditions include Diabetes Mellitus, type II, gastro esophageal reflux disease, and Hypertension. Examination in Aug 2014 revealed full neck motion with inconsistent pain on motion, limited motion in both shoulders above 90 degrees due to pain with normal muscle strength, decreased sensation in the tips of his fingers, full motion of his back with pain on motion, normal straight leg raise and minimal reflexes symmetrically in upper and lower extremities (1/4). Cervical MRI 2 Jun 2011 showed multilevel degenerative disc changes with central canal stenosis at C5-6. Lumbar MRI for that same date showed mild degenerative disc disease with central canal stenosis at L4-5 and L5-S1. Cervical CT scan 23 Aug 2012 showed spinal stenosis at C4, 5 and 6 from midline disc protrusions and spurring that impinges on the spinal cord. Cervical X-ray 13 Jan 2014 showed changes from anterior fusion C4-5 and C5-6, degenerative changes of the cervical spine, slight subluxations of C2 on C3 without facet dislocation and mild retro subluxation of C3 on C4 without facet dislocation. Lumbar X-ray 11 Feb 2014 showed multilevel degenerative changes (osteophytes). The patient had Anterior Cervical Discectomy and Fusion of C4-5 and C5-6 on 6 Dec 2013. Treatment also included acupuncture, herb therapy, chiropractic adjustments, injections into shoulders (cortisone) and medications (Gabapentin, Omeprazole, Tizanidine,

Anaprox, Norco, Prilosec, and Soma). He also takes Metformin for his diabetes and Lisinopril for his hypertension.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Consultation with an Otolaryngologist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127

**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: Clinical practice guideline: tinnitus. Tunkel DE, et al, Otolaryngology Head Neck Surgery

**Decision rationale:** Tinnitus is the perception of sound without an external source. It is not addressed in the California MTUS and there are no evidence-based, multidisciplinary clinical practice guidelines that address this problem although a consensus panel of experts recently published guidelines. The natural history of this problem is that it occurs in 10-15% of adults, occurring more frequently in older populations and most commonly occurs in association with sensor neural hearing loss. It can be idiopathic or secondary to auditory problems (cerumen impaction, middle ear diseases such as Meniere's disease, otosclerosis, Eustachian tube dysfunction, cochlear disease) or extra-auditory problems (vascular abnormalities, myoclonus, or intracranial hypertension). According to Tunkel, et al, the prevalence of tinnitus is higher among males, non-Hispanic whites, Obesity (individuals with a body mass index (BMI) of 30 kg/m<sup>2</sup>), or those with a diagnosis of hypertension, diabetes mellitus, dyslipidemia, or anxiety disorder. From the records available for review, this patient's first report of injury does not list tinnitus as caused by the injury event and there is no report of significant environmental noise pollution present in the patient's workplace. In fact, the historical development of this symptom is not documented. Since there is no establishment of work-relatedness coupled with the fact that the patient's comorbid conditions are known causes of tinnitus, further workman's compensation evaluation and treatment for this condition is not warranted.