

Case Number:	CM14-0165966		
Date Assigned:	10/13/2014	Date of Injury:	08/13/2014
Decision Date:	12/05/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of August 13, 2014. A utilization review determination dated September 25, 2014 recommends noncertification for an x-ray of the cervical spine and an MRI of the left ear. Noncertification of the MRI was recommended due to lack of documentation that the patient has seen an ENT specialist. Noncertification of the x-ray was recommended due to a lack of cervical trauma or abnormal findings on neurologic examination as well as no recent failure of PT, NSAIDs, or muscle relaxants. A progress report dated August 23, 2014 identifies subjective complaints of hearing loss, bilateral wrist, bilateral elbow, right shoulder and hip pain. Objective examination findings reveal hearing loss and tenderness on palpation over the door some of both hands. Diagnoses include hearing loss, cervical sprain/strain, and lateral epicondylitis. The treatment plan recommends an ENT consultation and 12 sessions of physical therapy. A progress report dated August 24, 2014 identifies neck pain radiating to the left shoulder with associated headache and bilateral hearing loss. Physical examination reveals slight tenderness in the right lower spinal para facet area and trapezius. Diagnoses include a bilateral hearing loss sensory versus conductive, cervical sprain/strain, cervical facet arthropathy versus discogenic disease, bilateral elbow sprain/strain, bilateral hand sprain/strain, and iliotibial syndrome. The treatment plan recommends a one-time ENT specialist evaluation, and 12 sessions of physical therapy. A progress report dated September 4, 2014 recommends physical therapy, ENT, tens, paraffin, acupuncture for the cervical spine, and an upper extremity EMG/NCV. A report dated September 16, 2014 indicates that the patient has previously undergone an audiology evaluation which indicates mild to profound sensorineural hearing loss. Additionally, Weber's test does not lateralized and Ren's test indicates virtually no air conduction in the left ear and decreased duration of bone conduction in the left ear compared to the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the cervical spine with oblique views: 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), Neck, Indications for Imaging, X-rays

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Radiography

Decision rationale: Regarding request for cervical spine x-ray, Occupational Medicine Practice Guidelines state that x-rays should not be recommended in patients with neck pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, it is unclear whether the patient has failed conservative treatment in relation to the cervical complaints. Additionally, the physical examination findings with regards to the neck are fairly sparse. Furthermore, it is unclear how the currently requested x-ray will affect the current treatment plan. In the absence of clarity regarding those issues, the currently requested cervical x-ray is not medically necessary.

MRI of the left ear/auditory canal to assess for possible soft tissue contribution: 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 Indications for Magnetic Resonance Imaging

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.acr.org/~media/914834f9cfa74e6c803e8e9c6909cd7e.pdf>

Decision rationale: Regarding the request for an MRI of the ear, ACOEM, CA MTUS, and ODG are silent regarding this request. ACR states that asymmetric SNHL is a common symptom that may be ascribed to many different pathologic processes. Initial evaluation is geared toward localizing the lesion site. Most retro cochlear lesions are associated with an abnormal auditory brain stem response, which is often obtained before an imaging study. Most clinicians will refer patients to MRI after preliminary audiometric, auditory brain response testing, or both show an asymmetric SNHL or asymmetric transmission of the electrical impulse along the auditory nerve and central auditory pathway. Within the documentation available for review, it appears the patient has recently been referred to an ENT specialist. It seems reasonable to await the outcome of this expert's evaluation prior to proceeding with any additional diagnostic workup for the patient's ear complaints. As such, the currently requested MRI of the year is not medically necessary.

