

Case Number:	CM14-0080162		
Date Assigned:	07/18/2014	Date of Injury:	04/29/2009
Decision Date:	09/09/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/30/2014

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 Otolaryngology 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 60 year old male who reported an injury to his right ear on 04/29/09. A clinical note dated 10/10/13 indicated the he is utilizing Butrans patches to address ongoing chronic pain and multiple areas throughout the body rated 6 to 8/10. He utilized Norco strength cyclobenzaprine for pain relief as well. A clinical note dated 11/05/13 indicated the injured worker was undergoing functional restoration program. Clinical note dated 01/07/14 indicated the he was complaining of dizziness and headaches. He also reported ongoing night sweats and severe fatigue. Pain was identified the worse pain was identified at the neck and left shoulders. The injured worker underwent a hearing test at that time. A clinical note dated 02/04/14 indicated that he had completed the hearing evaluation. He was under consideration for a hearing aid for the past year and reported using a hearing aid for six months which was beneficial. The injured worker stated that the noise was reduced in the right ear; however, he lost the hearing aid. He stated the hearing aid was loose and did not fit well in the ear and kept coming out. A clinical note dated 03/26/14 indicated the injured worker continuing with complaints of neck pain. he also reported ringing in the ears. Follow up on 04/22/14 noted persistent tinnitus and was again recommended for a tinnitus program. He had been involved with his customary work as a jockey raising horses when the initial injury occurred. The requested tinnitus program was denied on 05/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tinnitus program: 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: Hoare DJ, Stacey PC, Hall DA. The efficacy of auditory perceptual training for tinnitus: A systematic review. *Ann Behav Med.* 2010;40(3):313-324.

Decision rationale: To date it is unclear if the injured worker has failed all other reasonable methods for addressing tinnitus to include the use of a transcutaneous electrical nerve stimulation (TENS) unit. Given the lack of support in the literature regarding positive outcomes from tinnitus programs, the request for a Tinnitus program would not be supported as medically necessary.