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| Case Number: | CM14-0088664 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 12/11/1978 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 05/27/2014 |
| Priority: | Standard | Application Received: | 06/12/2014 |

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 Neurology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

A medical record dated 05/14/14 indicates condition of chronic tinnitus predominately in left since an MVA in 1978. It is progressively worse. The injured worker reported having a MRI of the brain sometime in the 1980s that showed an abnormality in the pons. The insured is sleeping 2-3 hours on average. The examination notes intact mental status, cranial nerves, motor exam, sensation and reflexes. The cerebellar function is intact and the injured worker has normal gait. The assessment showed restless leg syndrome, insomnia, and tinnitus.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Angiogram Head: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (indications for CT angiography of the Head and Neck).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, CT.

Decision rationale: The medical records provided for review indicate a condition of tinnitus since the 1980s with a reported normal neurologic examination. There is no indication of focal neurologic deficit, abnormal mental status, suspicion of stroke, or space occupying brain lesion

in support of CT angiogram. A CT angiogram is not supported for evaluation of chronic tinnitus. Therefore this request is not medically necessary.

Referral to ENT for further Evaluation which will most likely include vENG testing:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines head, referral Page(s): 92.

Decision rationale: The injured worker is reported to have chronic tinnitus that is symptomatically worsening. A referral to a specialist and consideration of additional diagnostic evaluation of the condition of tinnitus to guide treatment of condition is supported by MTUS guidelines, particularly if the condition is beyond the care expertise of the treating physician. Therefore, the treatment is medically necessary.