

<b>Case Number:</b>	CM14-0011046		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/04/2009
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 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 58-year old pressman reported injuries to his right shoulder, right elbow, right wrist and low back due to performing his usual job duties, date of injury 3/4/09. Past medical history is notable for hypertension and high cholesterol. He had a right carpal tunnel release and right ulnar nerve transposition in 2009. He underwent right shoulder rotator cuff repair and subacromial decompression on 9/12/12. He developed tinnitus in his left ear, dizziness, and swelling in his feet and lower legs, all of which he attributed to lying on his left side for an extended time during surgery. An orthopedic AME report dated 2/11/13 states that the patient has heartbeat type sounds and scratching noises in the left ear. A 2/28/13 note by an otolaryngologist states that the patient hears a pulsatile sound in his left ear. He has a history of noise exposure for years. Exam of the head, neck and ears is normal. Plan includes observation, with CT of temporal bone if pulsatile tinnitus continues. A 5/17/13 report of a CT of the patient's temporal bones and internal auditory canals documents completely normal findings, with no fluid in the middle ear. A follow up ENT exam, apparently performed 11/20/13, documents ongoing, severe, distracting pulsatile tinnitus which is worse when the patient leans forward. Head, neck and ear exam is again recorded as normal. The patient's audiogram is reported as showing bilateral high frequency hearing loss compatible with noise exposure. The plan states "recommended MRI but Insurance did not cover this", and "would not recommend further workup at this time" as well as "can consider duplex ultrasound of the neck to evaluate carotid artery flow although treating this may not help with noise anyhow", "recommend annual audiogram to follow up high frequency hearing loss" and "recommend consultation at [REDACTED] to evaluate left tinnitus further". Apparently a request for authorization of a cervical MRI was submitted in early January 2014, which was denied in UR on 1/13/14 on the basis that there was no documentation accompanying the request. There is no copy of the request for authorization in the available records, nor is there

documentation of rationale for the request. The request for Independent Medical Review of the denial of the cervical MRI lists the primary diagnosis as "tinnitus". This patient has not returned to work since 2009.

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

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

**MRI of the Neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 43-44, 79-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, on online evidence-based review service for clinicians ([www.uptodate.com](http://www.uptodate.com)), Etiology and diagnosis of tinnitus

**Decision rationale:** According to the MTUS references cited above, determining whether a patient suffers from a pathologic condition may not always be straightforward. Workers may believe that they have a physical injury when the real problem is a lack of fit with their job duties. Such workers may present with the development of symptoms after a minor physiologic stress, and often may have multiple symptoms with non-specific physical findings. Performing multiple procedures and tests in this setting is described as an incomplete or inaccurate approach to patient assessment that may set the stage for the prolongation of medical care, delayed recovery and the development of a range of behaviors by the patient in order to prove that there is a real injury that precludes return to work. In cases of delayed recovery and prolonged time away from work, the clinician should determine whether specific obstacles are preventing the patient from returning to work. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert recommendations. The clinician should always think about differential diagnoses. This should involve stepping back and reevaluating the patient and the entire clinical picture. Symptoms or physical findings that have developed since the injury may not be consistent with the original diagnosis. A detailed history and physical exam should be conducted. Appropriate studies may be performed. The first step in managing delayed recover is to document the patient's current state of functional ability. Goals for functional recovery can then be framed with reference to this baseline. The Up-to-date reference states that pulsatile tinnitus is usually vascular in origin. Changes in intensity with body position or head motion also strongly suggest a vascular tinnitus. When physical exam does not reveal a specific vascular or musculoskeletal source in these patients, further investigation to rule out a central nervous system lesion such as a Dural arteriovenous fistula, arteriovenous malformation, vasculitis, CNS tumor, multiple sclerosis or psuedotumor cerebri should be performed. The workup for these conditions often involves MRI and/or CT/CT angiography of the brain. The workup does not typically include an MRI of the neck. The clinical documentation in this case does not support the performance of a cervical MRI. This patient appears to be one of the patients discussed above, who develop multiple symptoms with non-specific physical findings. It does not appear likely that the primary physician has stepped back and carefully re-

evaluated the patient and the entire clinical picture, and has considered differential diagnoses. This patient has pulsatile tinnitus, which is most likely vascular in origin. It does not appear to have been caused by anything that occurred during his surgery on 9/12/12. The posited mechanism, that he developed fluid in his ear from lying on his side, has been ruled out by a CT scan that shows no fluid accumulations in his left ear. Also, this mechanism would not cause pulsatile tinnitus. He more likely has a vascular malformation or an atherosclerotic narrowing of a vessel due to his high blood pressure and hyperlipidemia. Continuing to refer this patient to specialists and to perform testing for this patient's tinnitus would only confirm his opinion that he has multiple work-related conditions that prevent him from returning to work, and would result in further prolongation of his medical care. If in fact this patient's tinnitus were work-related, the next appropriate study would be an MRI or CT scan of the brain as delineated above. An MRI of the neck is not medically appropriate. Based on the clinical information available for my review and on the evidence-based citations above, an MRI of the neck is not medically necessary. It is not medically necessary because the patient's tinnitus appears to be caused by a non-work related vascular condition, and continuing referrals for evaluations on an industrial basis is likely to confirm the patient's opinion that he has multiple work-related conditions that continue to disable him. This would set the stage for further delayed recovery and prolonged medical care. In addition, if this patient's tinnitus were work-related, an MRI of the neck is not medically necessary.