

Case Number:	CM14-0202560		
Date Assigned:	12/15/2014	Date of Injury:	05/29/2012
Decision Date:	02/04/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/03/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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:

The patient is a 56 year old male with an injury date of 05/29/12. Based on 10/14/14 progress report, the patient is status post right shoulder arthroscopic surgery (date not provided). He also complains of pain in the lumbar spine. Physical examination reveals tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular, and sub-occipital region along with multiple trigger points and taut bands. Range of motions is limited and painful. Physical examination of the shoulder reveals tenderness in the AC joint and subacromial bursa. There is tenderness to palpation in lumbar paravertebral region and sciatic notch region as well. As per progress report dated 10/07/14, the patient suffers from constant dizziness exacerbated by cervical extension. The patient has benefited from facet joint injections and lumbar epidural steroid injections, as per progress report dated 10/14/14. Medications, as per the same progress report, include Norco, Anaprox, FexMid, Prilosec, Topamax, and Colace. The patient is receiving post-operative physical therapy for the right shoulder, as per progress report dated 10/07/14. MRI of the Brain, 07/05/12, as per progress report dated 10/14/14: Mild chronic maxillary and ethmoid sinus mucosal thickening MRI of the Cervical Spine, 07/05/12, as per progress report dated 10/14/14: Moderately severe right sided foraminal stenosis at C5-6 and C6-7; left foraminal stenosis at C6-7 MRI of Lumbar Spine, 07/05/12, as per progress report dated 10/14/14: Central stenosis at L3-4, L4-5 and L5-S1 MRI of the Right Shoulder, 08/28/12, as per progress report dated 10/14/14: Mild infraspinatus tendonitis; AC joint arthritis. Diagnoses, 10/14/14:- S/P right shoulder arthroscopy, 12/15/12- Cervical myeloligamentous injury with upper extremity radiculopathy and cervicogenic headaches- Lumbar myeloligamentous injury with left radicular symptoms- Post-concussive head syndrome- Mediation-induced gastritis- Left inguinal hernia The treater is requesting for ENT TINNITUS. The utilization review

determination being challenged is dated 10/29/14. Treatment reports were provided from 07/24/13 - 11/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENT Tinnitus: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: The patient is status post right shoulder arthroscopic surgery (date not provided), and also complains of pain in the lumbar spine, as per progress report dated 10/14/14. The physician is requesting for ENT Tinnitus. As per progress report dated 10/07/14, the patient suffers from constant dizziness exacerbated by cervical extension. The MTUS, ODG and ACOEM guidelines are silent on Tinnitus, but ACOEM page 127 does support specialty consultations. In this case, none of the reports discuss tinnitus symptoms. There is no description of tinnitus, how disabling, how long and what can be achieved with ENT evaluation. The utilization review letter does not provide any additional information either. Given the lack of any discussion, the request is not medically necessary.