

Case Number:	CM14-0093937		
Date Assigned:	07/30/2014	Date of Injury:	04/29/2009
Decision Date:	05/08/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on 04/29/2009. Initial complaints reported included multiple body parts (neck, back, left knee and left ankle) due to traumatic injury. The initial diagnoses were not provided. Treatment to date has included aquatic therapy, psychological counseling/therapy, restoration program, hearing aide, medications, and conservative care. At the time of request for authorization, the injured worker complains of ringing in the ears, and continued neck, low back, left knee and left ankle pain. The diagnoses at this time included post-concussion syndrome, cervicocranial syndrome, lumbar disc displacement without myelopathy, pain in joint of lower leg, and neck pain. The treatment plan consisted of 12 sessions of massage, 12 sessions of aquatic therapy, replacement hearing aide fitted for tinnitus masker with enrollment in a tinnitus program, continued medications, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tinnitus program evaluation only for 2 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rehabil Psychol. 2009 May; 54(2): 133-7. doi: 10.1037/a0015660. The tinnitus intensive therapy rehabilitation program: A 2 year follow-up

pilot study on subjective tinnitus, Bessman, P.J., Heider, T., Wlaten, V.P., Walten, R.G. (psycINFO database Record (c) 2009 APA, all rights reserved); Ear Hear, 2007, Apr. 28(2): 242-59.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Tinnitus Treatment.

Decision rationale: The medical record includes an application for independent medical review with disputed medical treatment as "Tinnitus Program Evaluation Only." However, this review is for the request of tinnitus program evaluation only for 2 sessions. No clarification has been provided as to why the evaluation only would require 2 sessions instead of one. According to UpToDate "Multidisciplinary programs at tinnitus centers are available to assist patients with disabling tinnitus. A randomized trial, performed in an audiological referral center, compared a multidisciplinary stepped therapy approach (incorporating TRT and CBT, and involving clinical psychologists, movement therapists, physical therapists, speech therapists, social workers, and audiologists) to usual care for 492 adult patients with tinnitus. At 12 months, patients assigned to the stepped therapy had significant improvement in scores reflecting health-related quality of life, tinnitus impairment, and tinnitus severity." A tinnitus program has been recommended by an otolaryngology AME. While a tinnitus program including multiple treatment sessions over a period of time may be appropriate for this worker, no justification for 2 evaluatory sessions has been presented. The request is not medically necessary.