

Case Number:	CM15-0108159		
Date Assigned:	06/12/2015	Date of Injury:	10/24/2013
Decision Date:	07/17/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/04/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 10/24/2013. He reported cumulative injuries to the low back and a fall with a head injury. Diagnoses include head injury with post-concussion syndrome, displacement of lumbar disc without myelopathy, and chronic pain syndrome. Treatments to date include Ibuprofen, Hydrocodone, chiropractic therapy, physical therapy and a TENS unit. Currently, he complained of low back pain with right leg symptoms and muscle spasms particularly at nighttime making it difficult to sleep. He reported headaches and chronic tinnitus secondary to the head injury. On 4/16/15, the physical examination documented residual paresthesias around the left thigh and continued numbness extending down the right leg. The plan of care included a request for an Ear, Nose, and Throat (ENT) for bilateral ears.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENT (ear nose throat) Referral, Bilateral Ears, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

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

Decision rationale: Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case the documentation supports that the patient is experiencing tinnitus. The provider does not document any concerns for pulsatile tinnitus or any hearing impairment. The need for referral to an ENT for the complaint of tinnitus without any further complicating complaints is not medically necessary.