

<b>Case Number:</b>	CM15-0163652		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for posttraumatic headaches and depression reportedly associated with an industrial injury of October 20, 2013. In a Utilization Review report dated August 4, 2015, the claims administrator failed to approve requests for audiology testing and an additional 6 sessions of physical therapy for the lumbar spine. The claims administrator referenced a July 7, 2015 progress note in its determination. The claims administrator contended that the applicant had failed to profit from earlier unspecified amounts of physical therapy. The applicant's attorney subsequently appealed. On a progress note dated August 4, 2015, the reported ongoing issues with tinnitus, dizziness, balance, headaches, and occasional vomiting. The claimant was using Tramadol and Prilosec. The claimant had superimposed psychiatric issues, it was acknowledged. The claimant was avoiding working, exercising, and/or performing household chores secondary to his pain complaints, it was reported. The claimant was reportedly at work, it was stated in the Social History section of the note, working on a part-time basis at a rate of 4 hours a day 5 days a week. Physical therapy, audiology testing, vestibular re-training, psychological treatment, neurology consultation, and an otolaryngology consultation were all endorsed while Tramadol and Prilosec were renewed. The applicant was returned to part-time work; it was suggested in one section of the note. Toward the bottom of the report, the treating provider stated that the applicant was not working and had not worked since January 13, 2015 on the grounds that his employer was unwilling to accommodate the suggested limitation. In an earlier note dated April 21, 2015, the attending provider renewed the same restriction of no working more than four hours a day. Once again, it

was stated that the applicant was not working with said limitations in place. A rather proscriptive 10-pound lifting limitation was also imposed on this date, unchanged from succeeding office visits. Tramadol, Diclofenac, Prilosec, and Ultram ER were all endorsed. Additional physical therapy was sought on this date. The applicant had also received acupuncture and psychological counseling, it was stated.

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

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

**Audiology testing body part: head, ears:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head Chapter (Online version) Audiologic testing.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd. ed., General Approach to Initial Assessment and Documentation, page 25.

**Decision rationale:** Yes, the request for audiology testing was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, a nurse practitioner, was likely ill-equipped to address issues of dizziness, tinnitus, vertigo, and hearing loss reportedly attributed to hearing loss. Obtaining an audiologic evaluation and/or audiologic testing was indicated to further evaluate and/or delineate the extent of the same, particularly in light of the fact that the Third Edition ACOEM Guidelines note that audiology testing/an audiogram can be employed to determine the magnitude and/or extent of hearing loss (if any). Moving forward with the audiologic evaluation and/or audiology testing at issue, thus, was indicated. Therefore, the request was medically necessary.

**Additional 6 physical therapy sessions for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Conversely, the request for 6 additional sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional

improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, it was reported on progress notes of August 4, 2015 and April 21, 2015. The applicant remained dependent on various analgesic medications to include Tramadol, Ultram extended release, Diclofenac, and Topical Terocin patches, it was reported on both dates. The same, unchanged, rather proscriptive 10-pound lifting limitation was renewed on both dates. The applicant was not working with said limitation in place, the treating provider acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy, including earlier unspecified amounts of physical therapy in 2015 alone. Therefore, the request was not medically necessary.