

Case Number:	CM15-0167635		
Date Assigned:	09/08/2015	Date of Injury:	02/28/2002
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/25/2015

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: California

Certification(s)/Specialty: Otolaryngology

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 59 year old female, who sustained an industrial injury on 2-26-02. The injured worker was diagnosed as having failed lumbar spine syndrome with chronic low back pain, depression, and anxiety. Treatment to date has included lumbar spinal fusion, injections, physical therapy, an intrathecal pain pump, and medication. Currently, the injured worker complains of low back pain with right lower extremity sciatic pain. No difficulty with hearing was noted. The treating physician requested authorization for annual audio-logic and hearing aid evaluation and hearing aid supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Annual audio-logic and hearing aid evaluation and hearing aid supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.

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

Decision rationale: ODG states that audiometry is recommended when occupational hearing loss is suspected. Further hearing aids are indicated in the setting of hearing loss. Records provided detail only ongoing pain management. There is no complaint or documentation of hearing loss; as such, the need for hearing testing, hearing aid evaluation and hearing aid supplies is not supported.