

<b>Case Number:</b>	CM15-0190759		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	01/12/2015
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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:

This is a 54 year old male who sustained an industrial injury on 1-12-2015. A review of the medical records indicates that the injured worker is undergoing treatment for multi-trauma due to a fall from a truck resulting in traumatic brain injury, post-traumatic headaches, emotional liability and mood dysregulation and vestibular dysfunction. Per the progress report dated 8-14-2015, the injured worker was seen for a psychotherapy session. He reported that he was hyper-sensitive to noise, He reported becoming anxious and having to wear ear plugs out in public. He also complained of tinnitus and a sensation of pressure in his right ear. According to the progress report dated 8-25-2015, the injured worker complained of some occasional right, posterior headaches and left frontal headache. He noted having some problems with cognitive dysfunction and distractibility. The physical exam (8-25-2015) revealed the injured worker to be awake, alert and oriented. Speech was clear. Thought process was linear and goal directed. The physician noted that the injured worker had some sensitivity to noise and could benefit from a device to help suppress the tinnitus. Treatment has included a therapy program at a transitional living center and medications. The request for authorization was dated 8-31-2015. The original Utilization Review (UR) (9-3-2015) denied a request for one follow-up visit to an ENT doctor regarding tinnitus hearing problems as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One follow-up visit to an ENT doctor regarding tinnitus hearing problems as an outpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Strasnick F and Haynes DS, Otologic history and physical examination of the ear, Chp 7 in The Ear - Comprehensive Otology, 2000. pp 159-160.

**Decision rationale:** Objective tinnitus is most often found in the presence of sensorineural hearing loss. In record dated 7/29/15 it is stated that this patient has tinnitus, particularly on the right that is disturbing enough to disrupt his sleep. As he has sustained head trauma with subsequent vestibular dysfunction and is noted to have disruptive asymmetric tinnitus, per citation above, complete audiologic and head and neck evaluation is warranted. Thus follow up with ENT is medically necessary and appropriate.