

Case Number:	CM15-0195294		
Date Assigned:	10/09/2015	Date of Injury:	12/15/2014
Decision Date:	11/23/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/05/2015

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: Physical Medicine & Rehabilitation

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 51-year-old male who sustained an industrial injury on 12-15-2014. Diagnoses have included closed head injury with post-concussion symptoms, sensor neuro hearing loss, subjective tinnitus, and peripheral vertigo. A progress noted dated 6-26-2015 shows the injured worker was examined by an ear, nose, throat specialist with complaints of constant ringing in his ears "causing him to have migraines," hearing loss with "trouble discriminating words," and, ear soreness on the inside "from the constant ringing." He also had been experiencing dizzy spells from which he reported several incidents of "passing out." Objective, external inspection of the ears were noted by the physician to be within normal limits. The physician stated the injured worker "likely has cochlear and vestibular injury from head concussion, and may need vestibular rehabilitation pending videonystagmography results." The treating physician's plan of care includes audiologic and videonystagmography testing, which was denied on 9-21-2015. The injured worker is noted as currently disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Audiologic Testing: Overturned

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

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

Decision rationale: The patient was injured on 12/15/14 and presents with neck pain and mid back pain. The request is for audiologic testing to examine the concussion related hearing and dizziness the patient has. The utilization review letter did not provide a denial rationale. The RFA is dated 08/11/15 and the patient is temporarily partially disabled. ODG Guidelines, Head Chapter, under Audiometry states that audiologic testing is "Recommended following brain injury or when occupational hearing loss is suspected. Audiometry is a generally accepted and well-established procedure that measures hearing. An audiologist or skilled trained technician administers the test using an audiometer. The machine presents individual frequencies to the patient (typically ranging from 125-8000 Hz) at different levels of loudness (in dBHL). The patient is asked to respond to the sound that he may barely perceive (threshold). Normal thresholds are from 0-25dBHL. The results are displayed in normal graphic form or on audiogram. The audiologist or physician may determine the presence and type (conductive, sensorineural, or mixed) of hearing loss based on the audiogram. Baseline audiometry following brain injury is indicated when the individual with TBI presents with hearing loss, dizziness, tinnitus, or facial nerve dysfunction." The patient is diagnosed with closed head injury with post- concussion symptoms, sensor neuro hearing loss, subjective tinnitus, and peripheral vertigo. An audiologic testing is recommended for patients with hearing loss, dizziness, tinnitus, or facial nerve dysfunction. Given that the patient presents with sensor neuro hearing loss, subjective tinnitus, and peripheral vertigo, the request appears reasonable. The requested audiologic testing is medically necessary.