

Case Number:	CM15-0210008		
Date Assigned:	10/28/2015	Date of Injury:	04/01/2011
Decision Date:	12/16/2015	UR Denial Date:	09/27/2015
Priority:	Standard	Application Received:	10/26/2015

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, Hawaii

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 62-year-old male with a date of injury on 04-01-2011. The injured worker is undergoing treatment for dizziness and cervicgia. A physician note dated 07-08-2015 documents he has pain to this neck and low back and continues to feel dizziness on turning his neck. A physician progress note dated 09-04-2015 documents the injured worker has problems with neck and back pain and spasms. He has dizziness that began about a year ago. He has a sensation of movement of the environment. Dizziness is daily and he has been having headaches. He was diagnosed with diabetes about 3 years ago. He has cramps in his muscles, and pain in his back and feet. He has decreased neck range of motion in all directions. His spine is tender in the lower thoracic soft tissues. Motor strength is good with pain complaints. Sensory is variable with no pin sensation in the upper arms and shoulder areas-not following dermatomes. He uses a cane and has an antalgic gait. He has difficulty rising from a chair and he has absent Achilles. Treatment to date has included diagnostic studies, and medications. A Magnetic Resonance Imaging of the cervical spine done on 07-15-2015 revealed a high-signal area noted in the T2 vertebral body which may represent a hemangioma, straightening consistent with possible spasm and anterior osteophytic spurring noted at C3, C4, C5, and C6. His current medications include Norco, Valium, Lisinopril, Metformin, Pravastatin, Omeprazole, and ASA. The Request for Authorization dated 09-04-2015 includes a prescription for Meclizine, and an audiology consultation due to dizziness. On 09-27-2015 Utilization Review non-certified the request for one audiology evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One audiology evaluation: Upheld

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: Audiometry (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Chapter Audiologic testing.

Decision rationale: The patient presents with dizziness and pain affecting the neck and upper & lower back. The current request is for One audiology evaluation. The treating physician states in the RFM form dated 9/24/15, "Audiology eval in house with [REDACTED]" The report was not provided for review. The ODG Guidelines state, "Recommended following brain injury or when occupational hearing loss is suspected." In this case, the treating physician has not documented any hearing loss or a brain injury. The current request is not medically necessary.