

Case Number:	CM15-0221407		
Date Assigned:	11/16/2015	Date of Injury:	04/11/2012
Decision Date:	12/24/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/10/2015

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 38 year old male with an industrial injury dated 04-11-2012. A review of the medical records indicates that the injured worker is undergoing treatment for hyperacusis and headaches. According to the progress note dated 09-22-2015, the injured worker reported increased headaches hyperacusis when botox wore off. Objective findings (09-22-2015) of bilateral ears revealed no deformity or lesions of the auricle, clear external auditory canal, intact tympanic membrane and mobile with no retractions of fluid. Cranial nerves were grossly intact. According to the neurological reevaluation report dated 09-28-2015, the injured worker reported intermittent headaches, anxiety, decreased sleep, left ear, pain and sensitivity to noise. Objective findings (09-28-2015) revealed anxiety. Neurological exam was noted to be unchanged. According to the progress note dated 10-20-2015, the injured worker's subjective complaints were unchanged. Complaints included sound sensitivity and headaches. Objective findings (10-20-2015) revealed no deformity or lesions of the auricle, clear external auditory canal, intact tympanic membrane and mobile with no retractions of fluid. Cranial nerves were grossly intact. Treatment has included prescribed medications and periodic follow up visits. The utilization review dated 10-30-2015, non-certified the request for tinnitus treatment 6 month, hyperacusis device, loudness balance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tinnitus treatment 6 month, hyperacusis device, loudness balance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sammeth CA, et al. Hyperacusis: Case studies and evaluation of electronic loudness suppression devices as a treatment approach. Scand Audiol. 2000;29(1):28-36, Seidman MD, et al. Tinnitus: current understanding and contemporary management. Curr Opin Otolaryngol Head Neck Surg. 2010; 18 (5): 363-8.

Decision rationale: Worker has disruptive hyperacusis and tinnitus secondary to acoustic trauma left ear. Trials of treatment with Lyrica, Clonazepam, Neurontin have not helped. Request for "tinnitus treatment 6 months, hyperacusis device with loudness balance has been denied. Review of the literature regarding use of hyperacusis device is sparse. There is no body of scientific literature to support that treatment with hyperacusis device or other similar therapy is efficacious and, thus, no support that such treatment is medically necessary or appropriate. Therefore, the request is not medically necessary.