

<b>Case Number:</b>	CM14-0127651		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	07/14/2000
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 64 year old male who was injured on 07/14/2000 from a motor vehicle accident. Prior medication history included Baclofen, Gabapentin, Pennsaid, Vicodin, Vicoprofen, and Zanaflex. According to the UR, the patient was seen on 07/14/2014 with complaints of tinnitus, vertigo, headache, and dizziness with tremor and lightheadedness but significant findings were documented. In reviewing all records that were provided, there were no subjective or objective findings that were supportive of the request. Prior utilization review dated 07/25/2014 states the request for ENT Consult is not certified as there is no evidence to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ENT Consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75-92.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations And Consultations pages 503-524

**Decision rationale:** The guidelines recommend follow up visits and consultations as deemed necessary by the treating physician. The clinical documents should clearly identify the indication for referral or follow up. The documents provided did not adequately discuss the patient's complaints of tinnitus and vertigo. The physical exam findings related to the above complaints were not discussed in the notes provided. Tests such as Dix-Hallpike, otoscopy, should be performed by the initial provider prior to referral to a specialist for complaints of vertigo and tinnitus. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.