MAXIMUS Federal Services

Case Number:	CM14-0130498		
Date Assigned:	08/20/2014	Date of Injury:	08/02/2012
Decision Date:	10/15/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/15/2014

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 Occupational Medicine 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:

This patient is a 50 y/o male who developed persistent cervical pain and bilateral tinnitus subsequent to an injury dated 8/2/12. A heavy object stuck the left side of his head and neck and there was reported to be a loss of consciousness. A left sided cervical radiculopathy has been documented by electrodiagnostic testing and treatment has consisted of cervical epidurals and oral analgesics. He has remained at work. Due to the development of persistent bilateral tinnitus after the head injury, the use of a masking device has been requested by the evaluating ENT specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tinnitus masker: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.merckmanuals.com/professional/ear_nose_and_throat_disorders/approach_to_the_patient_with_ear_problems/tinnitus.html?qt-tinnitus&alt=sh#v943410

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

http://www.ncrar.research.va.gov/Education/Documents/TinnitusDocuments/Triage_Guide.pdf
http://www.tinnitusresearch.org/en/documents/downloads/TRI_Tinnitus_Flowchart.pdf

Decision rationale: MTUS and ODG Guidelines do not address this issue. Highly regarded practice standards/guidelines recommend various treatment options, one of which includes the use of a tinnitus masker. The standards do not recommend one treatment over another (assuming it is uncurable) and the standards do not state that there should be a specific progression with the types of treatment for incurable tinnitus. The requesting physician does not specify what specific type of tinnitus masker is requested, but this issue can be re-reviewed if the specific type of masker appears to be inconsistent with the standards of care. However, the use of a tinnitus masker is medically necessary.