

<b>Case Number:</b>	CM15-0019273		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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 44 year old male, who sustained an industrial injury on June 18, 2014. The diagnoses have included cephalgia, otalgia, buzzing left ear, cervical thoracic and lumbar sprain/strain, lumbar radiculopathy and disc herniation, bilateral shoulder impingement, anxiety, depression and insomnia. A progress note dated January 16, 2015 provided the injured worker complains of headaches, earache, neck pain anxiety, and difficulty sleeping and back and extremity pain. On January 22, 2015 utilization review non-certified a request for ear, nose and throat consultation The Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated February 2, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ENT Consultation:** 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), Treatment Index, 11th Edition, Head, Office Visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** ACOEM and MTUS are silent on ENT consult for ear buzzing as it relates to this industrial injury; however, does state along with ODG, when a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex in nature whereby additional expertise may analyze for causation, prognosis, degree of impairment, or work capacity clarification. It appears the patient has no clear medical symptoms as well as no clinical documentation was identified correlating to any ENT medicine related diagnosis. Additionally, submitted reports have not adequately demonstrated evidence of prolonged use of medications to cause any ENT concerns nor is there any medical treatment procedure or surgical plan delayed, hindering the recovery process of this industrial injury due to this ear buzzing issues. The ENT Consultation is not medically necessary and appropriate.