

Case Number:	CM15-0060806		
Date Assigned:	04/07/2015	Date of Injury:	09/01/2011
Decision Date:	06/11/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/31/2015

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: Florida, New York, Pennsylvania
Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on 09/01/2011. He reported injuring her head after striking the bottom of the stairs while standing up. The injured worker is currently diagnosed as having status post coil procedure for right hemisphere aneurysm and vascular headaches. Treatment to date has included aneurism repair and medications. In a progress note dated 03/17/2015, the injured worker presented with complaints of headaches, hearing loss on the right side, and dizziness. The treating physician reported requesting authorization for an audiogram and tympanogram to evaluate his possible tinnitus and hearing difficulties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hearing test: Overturned

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 VA/DoD Clinical Practice Guideline For Management of Concussion/mTBI 2009, in revision.

Decision rationale: No original details on the accident resulting in the head injury were available. The fact it was felt to have caused a posttraumatic aneurysmal rupture with cerebral hemorrhage was obviously accepted but difficult to understand. The post-concussion and post-aneurysmal repair symptoms were reported to have included headache, photophobia, brief flashes of light with imbalance, tinnitus, fatigue, memory difficulties anxiety and headache. It was recommended at the end of the 2013 examination that the member be referred to an ENT consultant for evaluation of loss of hearing and an audiogram. The member was reported to have returned to work despite his daily headache. The member was evaluated by ENT 24 Mar 15 for intermittent decreased hearing. The ENT consultant reported that the member experienced significant episodes of dizziness 4 times a year that are preceded by a sense of fullness in the R ear. The ENT requested authorization for an audiogram and tympanogram to further detail the issues related to intermittent recurrent hearing loss, fullness in the R ear in association with episodes of dizziness that were listed as a part of the analysis of the symptom complex reported in the post-concussion evaluations. The MTUS does not directly address this situation. Since the experience of the ongoing war on terror the Dod and VA have considerably expanded the details associated with individuals having experienced concussion or mild TBI. The listed symptom complex is consistent with the so called post-concussion syndrome. On the basis of the members symptoms, the neurologists recommendations and the findings of the ENT consultants and his recommendations the request for the audiogram and tympanogram are relevant to the industrial injury and resultant symptoms and consistent with the VA/DoD CPG. The request is medically necessary; the UR denial is NOT supported.