

Case Number:	CM13-0022900		
Date Assigned:	06/06/2014	Date of Injury:	05/18/2010
Decision Date:	07/14/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/11/2013

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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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 31 year-old with a date of injury of 5/18/10. A progress report associated with the request for services, dated 8/26/13, identified subjective complaints of tactile fever and irritation in the jaw and ears. Objective findings included bilateral fluid in the middle ear and mild mastoid tenderness. She was afebrile. Diagnoses included bilateral serous otitis and mastoid tenderness (non-industrial). Treatment has included surgery on both TMJs in 2010. She was empirically treated with antibiotics at that visit. A CT scan was requested because of the concern for mastoiditis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF HEAD AND FACIAL BONES TO INCLUDE MASTOID VIEWS OF THE SKULL: 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 Other Medical Treatment Guideline or Medical Evidence: UpToDate: Chronic otitis media, cholesteatoma, and mastoiditis in adults.

Decision rationale: Neither the Medical Treatment Utilization Schedule (MTUS) nor the Official Disability Guidelines (ODG) addresses CT scanning for mastoiditis. Authoritative sources note that CT scanning should be performed if extracranial complications are suspected. These patients are often systemically ill and will have localizing signs of infection. In this case, the claimant was afebrile on examination and mastoid tenderness was mild. An empiric trial of antibiotics was initiated. As such, the record does not document the medical necessity for a CT scan.

PAIN MANAGEMENT REFERRAL, JAW: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions & Treatment Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visits.

Decision rationale: The Official Disability Guidelines state that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. They further note that patient conditions are extremely varied and that a set number of office visits per condition cannot be reasonably established. The Medical Treatment Utilization Schedule (MTUS) states that there is no set visit frequency. It should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1-6 months. The previous non-certification was based upon lack of specificity for the purpose of a pain management consult and contingent upon an upcoming qualified medical examination. The claimant continued to have pain in the temporomandibular joints requiring chronic medication and therefore, as noted above, there is documented medical necessity for a consultation.