MAXIMUS Federal Services

Case Number:	CM13-0023396		
Date Assigned:	11/15/2013	Date of Injury:	05/08/2013
Decision Date:	01/30/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 57-year-old female who reported a work-related injury as a result of a fall on 07/29/2013. Subsequently, the patient fractured her nose, injured her face, cervical spine, right shoulder, and left knee. The CT of the brain/head performed on 05/08/2013 revealed comminuted depressed right nasal bone fracture, no other maxillofacial fractures. The clinical note dated 09/23/2013 reports the patient was seen in clinic under the care of [redacted]. The provider documents the patient presents with persistent complaints around the right eye involving her nose and orbital sinuses. The patient also notes frequent headaches emanating from her orbital sinuses and constant impairment to her capacity to breathe through her nose. The provider documented upon physical exam of the patient, traumatic scars were present involving the upper lid and lateral margin of the right orbit extending over the zygomatic arch. The scars are healing adequately and remain immature. The provider documents a dorsal hump is evident, intranasal exam does demonstrate some septal deviation bilaterally with partial airway obstruction. Tenderness is present of a mild to modest nature directly over the scars involving the lateral aspect of the right orbit. A partial dehiscence of the upper lateral cartilage to the right nasal bone was present. The provider documented recommendation for an MRI of the mid face to be obtained to evaluate the persistent airway obstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the mid face: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head and Face Chapter

Decision rationale: The current request is not supported. The patient presents status post a work-related fall with injury sustained on 05/08/2013 with continued complaints of right-sided facial pain involving her nose and orbital sinuses. The patient has undergone multiple imaging studies of the head/brain and maxillofacial area since status post the injury. The provider documents objectively the patient presents with a deviated septum and evidence of partial dehiscence of the upper lateral cartilage to the right nasal bone upon exam of the patient. The provider is requesting further imaging to evaluate the persistent airway obstruction. However, with prior imaging study evidence of the patient presenting with a comminuted depressed right nasal bone fracture, further imaging for this patient at this point in her treatment is not clear. The patient has been diagnosed with a depressed right nasal bone fracture, which would be indicative of the patient's objective findings of symptomatology. The California MTUS/ACOEM does not specifically address. However, Official Disability Guidelines indicate MRI of the head is supported to determine neurological deficits not explained by CT to evaluate prolonged intervals for disturbed consciousness, to define evidence of acute changed superimposed on previous trauma or disease. The imaging that has been performed since status post the patient's work-related injury would explain the patient's current objective findings of symptomatology; therefore, further imaging such as MRI of the mid face is not supported. As such, the request for MRI of the mid face is not medically necessary or appropriate.