

<b>Case Number:</b>	CM13-0033384		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Family Practice 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 43-year-old male who reported an injury on 07/23/2013 after being hit by a falling rock on a construction site. The patient reportedly sustained a nasal bone fracture. The patient's most recent clinical examination findings included tenderness to palpation over the nasal bones, maxillary and ethmoid sinuses with an intranasal inspection significant for posterior deflection of the septum with bilateral mild to modest inferior turbinate hypertrophy. Patient's diagnoses included a history of blunt facial trauma with nasal fracture, status post reduction of nasal fracture, and post injury persistent facial pain with partial airway obstruction. It was documented that the patient's physical exam does suggest the possibility of mild sinusitis and residual vestibular obstruction. The patient's treatment plan included continuation of medications and an MRI to evaluate the nasal passages and sinus cavities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Scan:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Online Edition

**Decision rationale:** The requested CT scan of the nasal bones is not medically necessary or appropriate. Official Disability Guidelines recommend computed tomography in the event that there is physical evidence of trauma above the clavicles. The clinical documentation submitted for review does indicate that the patient did undergo trauma to the face. However, Official Disability Guidelines also state CT scans are appropriate for acute diagnostic purposes and for planning acute treatment. Official Disability Guidelines state that MRI scans are generally recommended as opposed to CT once the initial acute stage has passed. The clinical documentation submitted for review does provide evidence that the patient had a CT scan in the acute stages of the patient's injury that provided information to support treatment planning. However, as the patient's symptoms have been persistent this would be considered a chronic condition. Additionally, there is no documentation that the patient has received any conservative treatment for the patient's nasal congestion. As such, the requested CT scan of the nasal bones is not medically necessary or appropriate.