

Case Number:	CM13-0046053		
Date Assigned:	03/31/2014	Date of Injury:	06/07/2006
Decision Date:	05/08/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/12/2013

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 Occupational Medicine 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 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:

The applicant is represented [REDACTED] employee who has filed a claim for shoulder pain, nasal congestion, and nasal discharge reportedly associated with an industrial injury of June 7, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; an electric scooter; and a cervical discectomy and fusion surgery. The applicant's case and care, it is incidentally noted, have been complicated by comorbid diabetes. In a utilization review report of October 18, 2013, the claims administrator denied a request for an outpatient flexible nasopharyngoscopy, citing non-MTUS Aetna Guidelines. No clear rationale for the denial was provided. Several other items were concurrently reviewed and denied, including a wheelchair and a hospital bed. The bulk of the utilization review report addresses those issues. A September 30, 2013, ENT note is notable for comments that the applicant has issues with chronic nasal congestion and nasal discharge. The applicant is on chronic oxygen therapy, it is stated. She has had issues with dysphasia, difficulty swallowing, and now has to eat food in small pieces at a time. She has been deemed totally disabled since the surgery, it is stated. She is having issues with reflux, it is further noted. She is also reporting issues with postnasal drip, ear pain, and difficulty breathing. She is morbidly obese, the attending provider writes. Authorization is sought for a flexible nasopharyngoscopy to further evaluate the applicant's nose. In the interim, she is asked to start using sinus rinse.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT FLEXIBLE NASOPHARYNGOSCOPY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA-LARYNGOSCOPY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDSCAPE, FLEXIBLE NASOPHARYNGOSCOPY ARTICLE.

Decision rationale: The Expert Reviewer's decision rationale: The MTUS does not address the topic. As noted in the Medscape Fiberoptic Nasopharyngoscopy Article, indications for a fiberoptic nasopharyngoscopy includes visualization of polyps, tumors, foreign bodies, sources of epistaxis, adenoidal hypertrophy, tonsillar hypertrophy, obstructive sleep apnea, and dysphagia. In this case, the applicant seemingly has several of the aforementioned symptoms and/or suspected diagnoses. The applicant is morbidly obese individual, bringing obstructive sleep apnea into question. The applicant is having issues with dysphagia and dysphonia, several years removed from the date of her cervical spine surgery, suggesting that there may be some vocal cord pathology present. The applicant is also having issues with reflux, possibly laryngeal. A flexible nasopharyngoscopy could allow visualization of all of the aforementioned structures and/or issues, including the tonsils, vocal cords, larynx, etc. Given the applicant's persistent ENT complaints, the procedure in question is indicated, appropriate, and supported by Medscape. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.