

Case Number:	CM14-0005961		
Date Assigned:	02/07/2014	Date of Injury:	03/14/2000
Decision Date:	07/07/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/15/2014

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 Otolaryngologist, and is licensed to practice in Texas. 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 injured worker is a 60-year-old male who reported injury on 03/14/2000. The mechanism of injury was a slip and fall. The injured worker's diagnosis includes chronic maxillary sinusitis. The documentation of 11/25/2013 revealed the injured worker had undergone sinus x-rays which showed a partial opacification of the peripheral and lower portion of the maxillary sinus. It was indicated this was suspicious for a possible cyst or mass. No air fluid level was reported. This was noted to be performed on 11/13/2013. The injured worker indicated that he had been treated for over 2 weeks for dental infections with Keflex 500 mg 4 times a day. The injured worker was taking the medication and it did not appear to have resolved the pain over the maxillary sinus. The injured worker indicated that the sinus pain started after an infection involving both tooth and gums underneath the left maxillary sinus. The injured worker was informed by his dentist that the roots of the teeth had gotten infected and may have infected the sinus. The injured worker had tenderness over the left maxillary sinus. The injured worker had a deviated septum to the left. The drainage was clear. The physician examination of the nasal cavity showed the external nose was straight; the septum was skewed over to the left only causing a minor degree of compromise in the nasal airway. Turbinates and mucosa were normal. There was no purulent drainage. The diagnosis was chronic maxillary sinusitis. The treatment plan was for CT scan of the sinus without contrast. The injured worker was to continue with antibiotics per the dentist. It was indicated Keflex is usually successful in treating most cases of sinusitis but the injured worker had no clinical improvement of pain over the left maxillary sinus.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (COMPUTED TOMOGRAPHY) SCAN WITH OUT CONTRAST OF THE SINUS:
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 Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/article/007349.htm>.

Decision rationale: The National Library of Medicine, National Institutes of Health, Medline Plus, indicate that a CT creates a detailed picture of the sinuses to diagnosis or detect masses and tumors, nasal polyps, and sinus infection or sinusitis. The clinical documentation submitted for review indicated the physician had a suspicion for a cyst or a mass in the sinus. This request was previously denied due to the lack of a long course of antibiotics. However, the patient has continued to have pain despite medical therapy. There was a plain x-ray suggesting a mass or cyst or chronic sinusitis. The request is supported. Given the above, the request for CT (computed tomography) scan without dye is not medically necessary.