

Case Number:	CM14-0010520		
Date Assigned:	02/21/2014	Date of Injury:	06/05/2009
Decision Date:	11/07/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 37-year-old male who reported injury on 06/05/2009. The mechanism of injury was not provided. The medications and prior therapies were not provided. The injured worker underwent a preliminary Polysomnogram on 07/19/2012, which revealed the injured worker had bradycardia and tachycardia and had a longest event of 27 seconds of obstructive hypopnea with a minimum SaO2 score of 92% and the lowest SaO2 score was 81% associated with 26 second obstructive hypopnea. The injured worker was noted to be a smoker. The injured worker underwent an MRI of the lumbar spine. Prior therapies were not provided. The documentation of 09/05/2013 indicated the injured worker had pain in the back. The injured worker was noted to have problems with sleep. With regard to the sleep problems, the injured worker indicated that he had a hard time falling asleep and may not go to bed until 3:00 a.m. and sleeps to around 7:00 or 8:00 a.m. The physical examination revealed the injured worker was 5 feet 10 inches and the weight was 209 pounds. The respiratory rate was 15 and the blood pressure was 120/70. The lungs were clear to auscultation and percussion. The surgical history was not provided. The documentation indicated there was a recommendation for a CPAP machine on 09/25/2012. This was a titration for obstructive sleep apnea. The obstructive sleep apnea resolved with 5 cm of pressure. The injured worker's weight in 09/2012 was 225 pounds. There was no specific rationale or documentation requesting an ENT consultation. There was no Request for Authorization submitted to support the request. There was no recent evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EAR, NOSE, AND THROAT (ENT) MAXILLOFACIAL EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, , 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
INTRODUCTION Page(s): 1.

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines indicate upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation failed to provide a documented rationale for the request. There was a lack of recent objective findings or subjective complaints to support the necessity for an ENT consultation. The original date of request was not provided. Given the above, the request for an Ear, Nose, And Throat (ENT) Maxillofacial Evaluation is not medically necessary.