

Case Number:	CM14-0172027		
Date Assigned:	10/23/2014	Date of Injury:	04/01/1998
Decision Date:	12/10/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/17/2014

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 Orthopedic Surgery, 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 59-year-old female who reported an injury on 04/01/1998 due to exposure to mold within her office area. Diagnoses were chronic frontal sinusitis, chronic ethmoidal sinusitis, chronic maxillary sinusitis, chronic sphenoidal sinusitis, other polyp of sinus and polyp of nasal cavity. The injured worker also has a history of asthma. The injured worker has had endoscopy of debridement of the nasal sinus numerous times due to chronic rhinosinusitis, allergies, aspirin, and polyps. In the past, she underwent multiple endoscopic sinus surgeries including Lothrop procedure. The injured worker has frequent relapses of accumulation of thick tenacious mucous with a significant amount of crusting, which stays between debridement's of the nasal cavities. The injured worker had a CT of the sinuses on 03/10/2014 that revealed the injured worker was status post interval total ethmoidectomy and middle turbinectomy as well as partial resection of the nasal septum. Prior history of uncinectomy with nasal antral window was noted. There was significant mucosal thickening of the bilateral maxillary sinus, which was stable from the prior study. The osteogenic was noted within the maxillary sinuses consistent for chronic sinusitis. The maxillary sinuses drained directly through the nasal antral window. The ethmoid sinuses have been removed. There was significant mucosal thickening of the sphenoid sinuses. The injured worker was status post sphenoid sinusotomy with patency of the sinusotomy defect into the nasal cavity. There was mucosal thickening of the frontal sinuses with opacification of the frontal recesses bilaterally. The right frontal sinus was hypoplastic. The air ration of the left frontal sinus was slightly improved during the prior study. Clinical note dated 08/25/2014 revealed that the injured worker was there for nasal endoscopy and bilateral debridement. The injured worker's last surgery was on 03/14/2014. The injured worker requires frequent visits to the office for debridement of her nasal cavities. The debridement helped to keep sinuses from being infected and was reported as

a very crucial part of the treatment. It was reported that after multiple endoscopic sinus surgeries, the injured worker unfortunately had poor control of her disease. The injured worker had a tendency for accumulation of a large amount of crust and large amount of tenacious mucous. The injured worker required multiple debridements, optimally once a month, which meant that the injured worker would require 12 debridements per year. It was reported that this procedure was a crucial part of keeping the injured worker's sinuses from becoming infected. It was also reported that the injured worker has only 1 kidney, and multiple allergies to antibiotics. It was reported that the injured worker was an excellent candidate for treatment with topical antibiotics that included Vancomycin as well as treatment with topical steroids, such as budesonide. The provider then noted that he recommended the injured worker start rinses with Vancomycin and budesonide and have a follow-up visit in 1 month. The Request for Authorization was submitted for review on 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nasal Sinus Endoscopy with Debridement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The decision for nasal sinus endoscopy with debridement is not medically necessary. The Official Disability Guidelines state nasal endoscopy is done when there may be a condition or disease in the nose or sinuses that is not adequately visualized on routine examination. The injured worker must have a history of one or more of the following: obstructed nasal breathing; epistaxis, anterior or posterior, either active or past history; facial pain or headache consistent with sinonasal origin; purulent nasal drainage (anterior or posterior) of more than two weeks duration or when an endoscopic-directed culture is desired (severe symptoms, immunocompromise, suspected suppurative complication of rhinosinusitis, failure to respond to treatment, etc.); sinus barotrauma (after flying or diving); watery rhinorrhea suggestive of cerebrospinal fluid leak; persistent sinus abnormality on diagnostic imaging study; history suggestive of nasal foreign body or mass; follow-up examination of known nasal, sinus, or nasopharyngeal neoplasm; anosmia or hyposmia; follow-up examination following functional endoscopic sinus surgery; snoring and/or sleep apnea; or oro-antral (oro-maxillary) fistula. On physical examination at least one of the following is required: anterior rhinoscopy insufficient to account for symptoms; or abnormal anterior rhinoscopy requiring more thorough nasal evaluation, including, but not limited to suspected chronic rhinosinusitis, sinonasal polyposis, neoplasm, and/or foreign body. The injured worker has history of facial pain and headache and chronic rhinosinusitis and polyps. The injured worker has had endoscopy of debridement of the nasal sinus numerous times due to chronic rhinosinusitis, allergies, aspirin, and polyps. However, the guidelines require there be documentation on physical examination of anterior rhinoscopy insufficient to account for symptoms or abnormal anterior rhinoscopy

requiring more thorough nasal evaluation. There is a lack of documentation regarding the aforementioned physical exam findings. Therefore, the request is not supported. Given the above, this request is not medically necessary.

Vancomysin Rinse: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Infectious Disease

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Diseases, Vancomycin AAAAI Work Group Report: Nasal and Sinus Endoscopy for Medical Management <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3558308>

Decision rationale: The request for Vancomycin Rinse is not medically necessary. The Official Disability Guidelines state Vancomycin is recommended as an option in severe cases. According to the US National Library of Medicine National Institutes of Health, Chronic Rhinosinusitis (CRS) is a common disorder characterized by mucosal inflammation of the nose and paranasal sinuses with sinonasal symptoms persisting for greater than 12 weeks. Antibiotics are the most commonly prescribed medication for CRS, but the role in management is not strongly supported by high level studies. Potential development of microbial resistance remains a salutary concern in patients treated with repeated or prolonged microbial agents. There is a lack of documentation of an objective assessment of the injured worker's signs and symptoms. Additionally, the request does not indicate a frequency or quantity for the medication. Therefore, this request is not medically necessary.

Budesonide Rinse: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com, Budesonide Spray <http://www.drugs.com/cdi/budesonide-spray.html>

Decision rationale: The request for Budesonide Rinse is not medically necessary. According to the [Drugs.com](http://www.drugs.com), Budesonide is used to treat allergy symptoms including runny nose, nasal congestion, and sneezing. There is a lack of documentation of an objective assessment of the injured worker's signs and symptoms. Additionally, the request does not indicate a frequency or quantity for the medication. Therefore, this request is not medically necessary.