

Case Number:	CM14-0024652		
Date Assigned:	06/11/2014	Date of Injury:	05/01/2013
Decision Date:	07/18/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/26/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 female with an injury reported on 05/01/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 04/25/2014 reported the injured worker complained of nasal congestion, stuffy nose, headaches, and allergies. The physical examination of the injured worker's nose and sinus cavity revealed mild turbinate congestion. The injured worker's prescribed medication list included Dymista nasal spray and Benadryl. The injured worker's diagnoses included allergic rhinitis and other (non-specific) allergens. It was reported the injured worker will have a trial on 2 medications; if not effective, will recommend immunotherapy. The provider requested allergy immunotherapy weekly injections x15 months. The rationale for the immunotherapy injections was not provided in the clinical note. The request for authorization was submitted on 02/25/2014. The injured worker's prior treatments were not included within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALLERGY IMMUNOTHERAPY WEEKLY INJECTIONS X 15 MONTHS: Upheld

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 Official Disability Guidelines (ODG), Pulmonary, Immunotherapy.

Decision rationale: The request for allergy immunotherapy weekly injections times 15 months is not medically necessary. The injured worker complained of nasal congestion and allergies. The treating physician's rationale for allergy immunotherapy injections was not provided within the clinical notes. The Official Disability Guidelines recommend immunotherapy for patients with significant allergic rhinitis for whom avoidance measures and pharmacotherapy are insufficient to control symptoms. Other candidates for immunotherapy include patients who have experienced side effects from medication or who cannot comply with a regular (or prescribed) pharmacotherapy regimen or who develop complications such as recurrent sinusitis. Within the clinical information, there is a lack of documentation indicating the injured worker's allergic rhinitis was unresolved with pharmacotherapy. It is noted the treating physician will have the injured worker trial 2 medications prior to immunotherapy; there is a lack of information provided indicating the specific medications and their efficacy on her allergic rhinitis. As such, the request is not medically necessary.