

Case Number:	CM14-0201578		
Date Assigned:	12/11/2014	Date of Injury:	05/28/2013
Decision Date:	02/04/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/02/2014

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 Internal Medicine, and is licensed to practice in Arizona. 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 46 year old man with a work related injury dated 5/28/13 resulting in chronic pain. He has a history of neural hearing loss, aspergillosis, allergic rhinitis and chronic headaches. The patient was seen by an allergist on 4/29/14 with a diagnosis of allergic rhinitis and allergy to multiple molds. He was evaluated by the primary treating physician on 10/28/14. He continued to have nasal congestion with daily headaches and fatigue. A sleep study was positive for sleep apnea. The patient has had headaches since 2011 and has had a previously negative MRI. The documentation shows the patient has used NSAIDs for the treatment of his headaches. The plan of care included Flonase nasal spray, immunotherapy and a referral to a neurologist for the headaches. Under consideration is the medical necessity for Flonase nasal spray, neurology referral for headaches and immunotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 10/2/14- office visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: According to the ACOEM a referral may be for appropriate if the practitioner is uncomfortable with the line of treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case the documentation doesn't support the need for a referral to a neurologist based on tried and failed therapeutics. The referral to a neurologist is not medically necessary.

Immunotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pulmonary Procedure Summary last updated 7/29/14-immunotherapy

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

Decision rationale: The MTUS is silent regarding the use of immunotherapy for allergic rhinitis. According to the ODG the use of immunotherapy is recommended for patients with significant allergic rhinitis for whom avoidance measures and pharmacotherapy are insufficient to control symptoms. In this case the documentation doesn't support that the patient failed avoidance measures and pharmacotherapy. The use of immunotherapy for allergic rhinitis is not medically necessary.

Flonase nasal spray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult monograph

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: UptoDate.com. Fluticasone Drug information

Decision rationale: The MTUS is silent regarding the use of Fluticasone nasal spray for allergic rhinitis. The patient has a diagnosis of allergic rhinitis and continues to have symptoms consistent with this diagnosis. According to UptoDate.com, fluticasone nasal spray is indications and FDA approved for nasal symptoms of seasonal and perennial allergic and nonallergic rhinitis. The use of fluticasone nasal spray is medically necessary.