

<b>Case Number:</b>	CM14-0040755		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/10/2009
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Otolaryngology (ENT), has a subspecialty in Head and Neck Surgery 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:

Patient is a 65-year-old male with a 06/10/09 date of injury. 03/11/14 progress report states that the patient fell off a tractor, hitting his forehead and chest. Patient has been having on-and-off had pain at 8/10 bifrontal and suboccipital. Patient states he sometimes gets clear nasal discharge from his nose. Patient denies vision changes, photophobia, nausea, emesis, tinnitus, scotomas. Patient occasionally sneezes and experiences allergy symptoms. Patient has seen an ENT doctor since last visit and CT of his sinuses was recommended as well as Flonase and saline nasal sprays. Patient reports Flonase is helping with nasal congestion. Chest pain has resolved. Topamax 50 mg per day has decreased his headaches in quantity and intensity, resulting in headaches at 4/10 two times per week. Objectively, TMs intact and not erythematous bilaterally, left nare congestion, no tonsillitis, no PND, no super orbital or maxillary sinus tenderness. Diagnoses: Chronic posttraumatic headache, tension headache, sinusitis. The treatment section states that the patient should continue to follow up with his primary care physician for medication management of his hypertension. Four recurrent sinusitis, he is recommended for ENT ongoing consultation and treatment. 03/19/14 progress report states that the patient returns for follow-up, continued to Topamax 50 mg b.i.d. and added Neurontin 300 mg nightly. The patient states headaches are much better. Patient has still pain in the right occipital region. Patient has also had a shoulder injection which caused hives. On physical exam, the right inferior nuchal line is tender to palpation. Impression: Mixed headache with muscle contraction and occipital nerve impingement. This has improved, but the patient still has pain in the right occipital region. Recommendation section states that the patient received a right occipital nerve block with 4 mg of Decadron. 03/18/14 progress report discusses musculoskeletal complaints and states diagnoses of right shoulder suppression not as full thickness tear, bilateral shoulder bursitis and Benjamin, right shoulder AC symptoms. This report states that the patient

was rolling up elastic with the machine attached to a tractor. The machine caught his jacket sleeve pulled him into the machine. He struck his head against a metal bar, also causing injury to her shoulders. The records contained several reports, addressing the musculoskeletal complaints regarding cervical, thoracic, and lumbar spine bilateral shoulders and right sacroiliitis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Consultation with ENT specialist for impairment rating:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 4.5. Division of Workers' Compensation, Subchapter 1. Administrative Director--Administrative Rules; and on the Official Disability Guidelines (ODG) Pain Chapter Office visits

**Decision rationale:** The documentation provided does not establish the medical necessity for the requested "consultation with ENT specialist for impairment rating". Records indicate that the patient has seen an ENT specialist, however did not provide the records from that visit. The primary care physician states that the patient has nasal congestion, and states that this, along with the headaches is related to the industrial trauma the patient had received. However, with the industrial trauma dating back to 2009, the records do not provide subjective complaints and objective findings that would conclude the relevance of the patient's symptoms to the trauma the patient had received. Moreover, the patient has been diagnosed with nasal congestion and is stated to manifest symptoms of allergic rhinitis. No other pathological symptoms have been described. Without the documentation from the prior ENT visit, as well as in appropriate rationale to substantiate the request for an ENT consultation for impairment rating, the request is not medically necessary.