

Case Number:	CM15-0106900		
Date Assigned:	07/17/2015	Date of Injury:	10/30/2013
Decision Date:	08/27/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/03/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Otolaryngology

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 56 year old male who has reported the gradual onset of ear and nasal symptoms over many years. The listed injury date is October 30, 2013. According a panel qualified medical examination, otolaryngology, dated January 15, 2015, the injured worker presented with chronic sinus problems, difficulty breathing, and hearing loss. He has had facial congestion, ear congestion, non-productive coughing and sore throats since 2008. He had been working as a machine operator in a meat plant. He had been intermittently treated for rhinorrhea, sinus congestion, sinus infections, coughing and headaches. The nature of prior treatments was not discussed. He reported intermittent loss of hearing attributed to excessive noise. Examination of the nose revealed 2/5 rhinophyma, 100% bilateral airway obstruction from polyps, and inability to smell cinnamon, coffee, ammonia, and anise. Auditory testing revealed a mild to moderate high tone hearing loss. Diagnoses were allergies exacerbated by exposure to airborne matter in the work environment; nasal polyps with loss of olfaction; mild to moderate noise induced bilateral high tone hearing loss, and cochlear damage. The injured worker was treated by an ENT specialist from March to June, 2015. The reports from this physician do not discuss the QME findings, the content and results of prior treatment, or the specific indications for the items referred for this Independent Medical Review. The treating physician did state that the injured worker did not feel any need for hearing aids and that hearing tests would not be performed as a result. This physician has submitted Requests for Authorization that include bilateral nasal polypectomy and endoscopic sinus surgery; Dymistra trial; pre-operative clearance; Flonase; speech hearing evaluation; complete blood count with differential; and "assay of NOS vitamin".

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral nasal polypectomy and endoscopic sinus surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WellChoice at http://www.wellchoicenj.com/account_services/physicians/medicalpolicies/079922.shtml.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hulett KJ and Stankiewicz JA Primary Sinus Surgery Chp 53 in Cummings Otolaryngology Head and Neck Surgery, pp 1229-1233.

Decision rationale: Per the citation above, endoscopic sinus surgery is indicated in cases of chronic sinonasal disease that are resistant to maximal medical therapy. There is no documentation that this patient has received therapy with antihistamines, steroids, nasal rinses, nasal sprays to any consistent degree. The surgery is therefore not medically necessary.

Dymistra trial (RFA dated 4-2-15): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Manning SC, Medical Management of Nasosinus infectious and inflammatory disease. Chp 52 in Cummings Otolaryngology Head and Neck Surgery, pp 1215-1225.

Decision rationale: Per the citation above, treatment with steroid and antihistamine medications both orally and nasally are part of the mainstay of treatment for chronic infectious and inflammatory nasal sinus disease. Dymistra is therefore medically necessary.

Pre-operative clearance with unknown specialty: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Flonase (RFA dated 5-4-15): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation DYMISTA labeling - treatment guideline.

Decision rationale: Dymista is a nasal spray that includes a combination of fluticasone and azelastine. Fluticasone is generic for Flonase. As such, the use of Flonase in conjunction with Dymista is redundant and not medically necessary.

Associated surgical service: speech hearing evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head section, hearing evaluation (speech).

Decision rationale: Per the cited guideline, hearing evaluation is indicated when injury/hearing loss is suspected secondary to work related disease or trauma. This patient has already undergone audiometric evaluation showing presence of high frequency hearing loss. It is stated in the records that the patient does not feel that he needs hearing aids. As such, repeat audiometric evaluation is not indicated. No speech problems are documented in the records. The treating physician has not provided indications to repeat hearing tests already performed. The hearing and speech evaluations are therefore not medically necessary.

Associated surgical service: complete CBC with differential: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: assay of NOS vitamin: 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) Pain section, testing and treatment for vitamins.

Decision rationale: The MTUS does not provide direction for vitamin testing. The treating physician has provided no evidence of a vitamin deficiency or any specific indication for vitamin testing. The Official Disability Guidelines citation above recommends against the use of vitamins in the absence of clinical vitamin deficiencies. Other guidelines discuss vitamin deficiencies and their respective evaluations and treatment. The treating physician has not provided sufficient information to support any vitamin testing, evaluation, or treatment. The unspecified vitamin testing is therefore not medically necessary.