

Case Number:	CM15-0107118		
Date Assigned:	06/11/2015	Date of Injury:	09/10/2012
Decision Date:	08/18/2015	UR Denial Date:	05/21/2015
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: Arizona
 Certification(s)/Specialty: Surgery

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 female who sustained an industrial injury on 09/10/2012. Current diagnosis includes hypertrophy of nasal turbinates. Previous treatments included medications. Previous diagnostic studies include a CT scan of the paranasal sinuses which revealed mild mucosal thickening of the paranasal sinuses consistent with chronic sinus inflammatory disease. Initial injuries sustained included respiratory complaints after being exposed to chemical fumes. Report dated 04/13/2015 noted that the injured worker presented with complaints that included pressure and popping sound in the ears and nasal tenderness. Pain level was not included. Physical examination was positive for turbinate edema. The treatment plan included recommendation for nasal coblation surgery if symptoms do not decrease after using the topical steroid nasal spray correctly for the next month. Report dated 05/13/2015 noted that there are no changes in symptoms from previous visits and that there had been no improvements with Flonase nasal spray. Disputed treatments include nasal coblation surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nasal Coblation Surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings, Otolaryngology: Head & Neck Surgery, 4th ed, Chapter 44.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nasal Obstruction. Head and Neck Surgery - Otolaryngology, Third Edition, p. 293-308. 2001. Turbinate Dysfunction: Focus on the role of the inferior turbinates in nasal airway obstruction. Grand Rounds Presentation, UTMB, Dept. of Otolaryngology March 12, 2003.

Decision rationale: Symptoms of nasal obstruction may persist despite maximal medical management. In many patients who continue to complain of nasal obstruction, inferior turbinate hypertrophy can be confirmed by physical exam and rhinometry, though the latter is infrequently performed in clinical settings. It has been shown that inferior turbinate enlargement can prevent adequate medical management by preventing the transmission of typical steroids and topical antihistamines to the superior nasal cavity. So surgical procedures that reduce the size of the inferior turbinate can not only improve symptoms, but can also potentiate medical management of rhinitis. Numerous procedures exist for this purpose, and controversy abounds as to which is the best. There are very few randomized studies comparing different procedures to each other, and those that exist are generally not long-term studies. Procedures can be classified as those that address bony causes of nasal obstruction, and those that address mucous and submucous swelling. This patient appears to have tried medical management. The last office note 6/16/2015 reports that the patient has taken PO prednisone, nasarel, flonase, allegra, and zyrtec, all without significant benefit. Based on the above, it appears that she has been given adequate medical treatment and nasal coblation surgery would be medically necessary. The prior utilization review is overturned. The prior decision only reported her having taken flonase and did not take into consideration the other medications that she has been on, including oral prednisone. Additionally, based on the above review, it appears that some medical management is improved and made more successful by surgical intervention. The request is medically necessary.