

Case Number:	CM15-0168242		
Date Assigned:	09/08/2015	Date of Injury:	09/03/2013
Decision Date:	10/14/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/26/2015

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, California

Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on 9-03-2013. Pertinent diagnoses include nasal polyposis, retinopathy, mixed common migraine and muscle contraction headache, facial neuropathy, encephalomalacia, traumatic brain injury (TBI), sinusitis and other polyp of sinus. Treatment to date has included conservative measures including specialist consultations, diagnostics including electroencephalogram (EEG) and magnetic resonance imaging (MRI), activity modification and medications. Per the Primary Treating Physician's Progress Report dated 7-30-2015, the injured worker presented for follow-up. Medical history includes a non-displaced skull fracture that extends to the sinus and anterior ethmoid air cells, subarachnoid hemorrhage, subdural hematoma, interparenchymal hemorrhage, and right pneumothorax. He reported that he is still having trouble breathing normally from the right nostril. He gets relief from Flonase and there has been no change since the last visit. He reports neck pain that is the same. Previous Magnetic resonance imaging (MRI) was read by the evaluating provider as "lipping at C5-6, osteophyte complexes multilevel, bulging C7-T1 to T4-T4, dexoscoliosis." He reported severe eye pressure, worse on the left and persistent migraine headaches, and numbness of the fingers and teeth. Objective findings included a clear nose, and pharynx, tonsils, lips and gums were described as normal. The plan of care included computed tomography (CT) scan of the sinuses and home care assessment. Work status was temporarily totally disabled. Per the medical records dated 3-09-2015 to 7-30-2015, there was no documented worsening in symptomology, activities of daily living, or pain level. Utilization Review denied the request for a CT scan of the sinuses on 8-17-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One computed tomography scan of the sinuses: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology, (2014). ACR-ASNR-SPR Practice Parameter for the Performance of Computer Tomography (CT) of the Extracranial Head and Neck (<http://www.acr.org/~media/3e9cfc1876e84169a1adfbac2f2f06a3.pdf>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation World J Radiol. 2011 Aug 28; 3(8): 199, 204. Published online 2011 Aug 28. doi: 10.4329/wjr.v3.i8.199 PMID: PMC3198264 Computed tomography scans of paranasal sinuses before functional endoscopic sinus surgery Emma C Cashman, Peter J MacMahon, and David Smyth.

Decision rationale: According to the referenced guidelines, CT of the sinuses is appropriate in preparation for endoscopic sinus surgery. In this case, the claimant had facial fractures, nasal polyposis and difficulty breathing through the right nostril. There was facial pressure causing headaches. There was mention of a plan for nasal polypectomy. As a result, the request for CT of the sinuses is medically necessary.