Case Number:	CM15-0180990		
Date Assigned:	09/22/2015	Date of Injury:	07/15/2011
Decision Date:	10/28/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/14/2015

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: New Jersey
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 51 year old male, who sustained an industrial injury on 7-15-11. He reported shortness of breath, nasal congestion, and chest pain. The injured worker was diagnosed as having asbestos exposure, chest pain, and shortness of breath, sinusitis, and toxic encephalopathy. Treatment to date was not discussed in the submitted medical records. Currently, the injured worker complains of chest pain and shortness of breath. The treating physician requested authorization for computed tomography scans of the sinus and chest. On 8-20-15 the requests were non-certified. The utilization review physician noted "the claimant's date of injury is over 4 year old and prior workup and clinical course is not known."

IMR ISSUES, DECISIONS AND RATIONALES

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

Sinus CT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cornelius RS, Martin J, Wippold FJ II, Aiken AH, Angtuaco EJ, Berger KL, Brown DC, Davis PC, McConnell CT Jr, Mechtler LL, Nussenbaum B, Roth CJ, Seidenwurm DJ, Expert Panel on Neurologic Imaging. ACR Appropriateness Criteria® sinonasal disease, [online publication]. Reston (VA): American College of Radiology (ACR); 2012. 7 p.

Decision rationale: The MTUS Guidelines do not specify criteria for sinus CT, nor does the ODG. The ACR (American College of Radiology) provides their opinion of what is appropriate, based on the available evidence and states that most cases of uncomplicated acute and subacute rhinosinusitis are diagnosed clinically and should not require any imaging procedure. CT of the sinuses without contrast is the imaging method of choice in patients with recurrent acute sinusitis or chronic sinusitis, or to define sinus anatomy prior to surgery. Immunocompromised patients are at high risk for invasive fungal sinusitis, and a high index of suspicion for complicated sinusitis should be maintained. In patients with suspected sinonasal mass or suspected orbital and/or intracranial complication of sinusitis, MRI and CT are complementary studies. The documentation did not included a summary of the diagnostics and treatments used prior to this request to set the stage for deciding on whether or not CT scan of the sinuses was appropriate. Also, there was insufficient evidence that this case fulfilled criteria for the ordering of CT sinuses. Therefore, for now, this request is not medically necessary.

CT chest: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (Acute & Chronic).

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

Decision rationale: The MTUS Guidelines do not mention CT chest in their recommendations. However, the ODG states that CT scans are recommended to help discover suspected lung cancer. Findings suggest that low dose computed tomography may be at least as useful in asbestos workers as in heavy smokers for the early diagnosis of lung cancer, although another study shows that the mortality benefit from lung cancer screening by LDCT might be far smaller than anticipated. In the case of this worker, although a history of asbestos exposure would at least warrant consideration of a CT scan, it is not known if the worker already had this imaging completed since the injury (2011). The documentation did not included a summary of the diagnostics and treatments used prior to this request to set the stage for deciding on whether or not CT scan of the chest was appropriate. Therefore, for now, this request is not medically necessary.