

Case Number:	CM15-0197386		
Date Assigned:	10/12/2015	Date of Injury:	10/07/1993
Decision Date:	11/30/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/07/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on 10-7-1993. The injured worker is undergoing treatment for: allergic rhinitis, bronchial asthma and tinnitus and vertigo, lumbosacral myofascial pain syndrome. On 7-14-15, he reported dizziness and ringing in the ears. Examination revealed normal findings in the ears, nose, mouth, throat and neck. On 8-18-15, he reported low back pain rated 8-9 out of 10 with occasional radiation of pain down the right leg to the knee. He also reported continued exacerbation of respiratory condition with coughing and sneezing. Objective findings revealed tenderness and spasm on the right lumbar, restricted range of motion and positive straight leg raise and Patrick faber bilaterally. On 9-8-15, he reported increase in seasonal symptoms of itchy eyes, sneezing, tinnitus, left hearing loss, vertigo with bending over, wheezing with weather changes. Objective findings revealed positive Romberg test. The provider noted "he has been on a stronger formulation of his shots since February 2015". The treatment and diagnostic testing to date has included: multiple allergy shots. Medications have included: Advair diskus, Claritin, allopurinol, glucosamine. Current work status: off work on social security disability. The request for authorization is for: 7 allergy injections. The UR dated 10-1-2015: modified certification for 4 allergy injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 allergy injections: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pulmonary (Acute & Chronic) - Immunotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA, Allergy and Hypersensitivity.

Decision rationale: The patient presents with itchy eyes, sneezing, tinnitus, left hearing loss, and vertigo. The current request is for 7 allergy injections. The treating physician report dated 09/23/2015 (23B) states, "Shots have been reduced from 4 shots a month to 1 a month for dust and roach". He has been on a stronger formulation of his shots since 2/15. I would like to continue to 3-1-16 and stop to see how he does off shots." The MTUS, ACOEM and ODG Guidelines do not address this request. However, the AETNA Guidelines under Allergy and Hypersensitivity states, "Allergy immunotherapy (also known as desensitization, hyposensitization, allergy injection therapy, or "allergy shots"), is indicated in patients whose triggering allergens are not readily avoidable, the allergy is IgE-mediated as documented by skin testing or RAST, the symptoms are not easily controlled with medication, the symptoms encompass more than one season and the patients are likely to cooperate in the program. The severity, duration and frequency of episodes should be explored. Patients with life-threatening allergy (severe anaphylactic reaction) to hymenoptera (venom from bees, hornets, wasps or fire ants) have been shown to respond well to allergy immunotherapy, as well as patients with severe seasonal allergic rhinitis or conjunctivitis, perennial allergic rhinitis, allergic (extrinsic) asthma and mold induced allergic rhinitis." The patient has a diagnosis of Allergic Rhinitis, Bronchial Asthma, Tinnitus and vertigo. Medical records show that the patient received 8 shots in 2014 and 15 shots from 01/2015 to 09/2015 (25B-26B). While results from the shots were not documented, given the patient's history of allergic rhinitis, the request is appropriate. The current request is medically necessary.