MAXIMUS Federal Services

Case Number:	CM15-0199509		
Date Assigned:	10/21/2015	Date of Injury:	11/14/2010
Decision Date:	12/03/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 66 year old female sustained an industrial injury on 11-14-10. Documentation indicated that the injured worker was receiving treatment for sinus congestion, chronic allergic rhinitis, obstructive sleep apnea and headaches secondary to chemical exposure and anxiety and depression. Previous treatment included medications. Documentation indicated that the injured worker had appointments with an allergist on 10-15-13, 10-29-13 and 12-4-13 with recommendation for medications and nasal sprays. In a progress report dated 7-31-15, the injured worker presented due to a flare up of symptoms with headaches, congestion of eyes, nose and throat and swelling of nasal passages. The injured worker reported missing work due to her symptoms. The injured worker also reported having difficulty swallowing dry food, difficulty sleeping due to nasal congestion as well as having fatigue, anxiety and depression. The injured worker reported that she had to sleep sitting up due to congestion. Physical exam was remarkable for "slightly pinkish red eyes that may have worsened since the last visit", "somewhat" edematous nasal passage and persistent "slight" pinkish discoloration in the throat. The physician recommended a consultation and ongoing evaluation with an allergist and continuing Nasonex and nasal rinses. On 9-10-15, Utilization Review noncertified a request for a specialist referral and continued care with an allergist, Nasonex and nasal rinses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist referral continued care with Allergist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. This is a request for a follow-up with an allergist. Prior documentation has noted that the allergist has exhausted treatment options. Additionally, there have been no interval changes in the injured worker's condition to warrant another referral. The request for specialist referral continued care with Allergist is determined to not be medically necessary.

Nasonex and nasal rinses: 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) Pulmonary Chapter/Allergic Rhinitis Section.

Decision rationale: The MTUS guidelines do not address the use of Nasonex, therefore, alternative guidelines were consulted. Per the ODG, Intranasal steroids should be used for allergic rhinitis when symptoms impair quality of life, according to the Otolaryngology guidelines, and second-generation oral antihistamines, which are less likely to cause drowsiness, should be used for patients complaining primarily of sneezing and itching. Allergic rhinitis is an inflammatory response of the nasal mucous membranes after inhaling an allergen, such as grass pollen, dust mites, or pet dander, which can trigger symptoms that can include runny nose, nasal congestion, sneezing, and itching. Oral leukotriene receptor antagonists should not be used as primary therapy, and sinonasal imaging can subject patients to unnecessary radiation exposure. Sublingual or subcutaneous immunotherapy may be appropriate for patients not responding to pharmacologic therapy. In this case, there is no specific nasal spray requested and there is no dosage or quantity information included with this request. The request for Nasonex and nasal rinses is determined to not be medically necessary.