

Case Number:	CM15-0200393		
Date Assigned:	10/15/2015	Date of Injury:	05/28/2007
Decision Date:	12/02/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 is a 55-year-old male with a date of industrial injury 11-1-2005. The medical records indicated the injured worker (IW) was treated for deviated nasal septum, secondary to industrial causes; hypertrophied right and left inferior nasal turbinates, secondary to industrial causes; and sleep apnea, secondary to industrial causes. In the report (8-10-15), the IW reported he still could not breathe well through his nose despite improvement of allergy symptoms with treatment. He was found to have sleep apnea by two different doctors. Medications included Norco, Oxycontin, Voltaren, Lipitor, Diovan, Flonase, Astelin, Flomax, and Ambien. On examination (8-10-15 notes), he had a septal deviation to the left with 80 percent obstruction and hypertrophied inferior turbinates bilaterally. The base of the tongue was enlarged and the uvula and soft palate were large. The tonsils were not enlarged. The nasopharynx, hypopharynx and neck exams were unremarkable. Treatments included allergy treatment. The IW was retired. A sleep study was performed on 6-17-15 and the report was submitted for review. Obstructive sleep apnea and mild central sleep apnea was found. According to the report, sleep efficiency was reduced by 79 percent during the study. Moderate obstructive sleep apnea was noted with an AHI of 21.9 per hour and an O2 nadir of 83 percent. The provider stated that treating the IW's sleep apnea would require partial reduction of the base of the tongue and uvula. A Request for Authorization dated 9-3-15 was received for septoplasty and submucous resection, bilateral inferior nasal turbinates, base of tongue and uvula reduction concurrent 2nd operation outpatient to finish tongue and soft palate reduction. The Utilization Review on 10-2-15 modified the request for septoplasty and submucous resection, bilateral inferior nasal turbinates, base of tongue and uvula reduction, concurrent, 2nd operation outpatient to finish tongue and soft palate reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: septoplasty and submucous resection/bilateral inferior nasal turbinates base of tongue and uvula reduction concurrent, 2nd operation as an outpatient to finish tongue/soft palate reduction: 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), Head chapter. Online version updated 7/24/15. Criteria for Septoplasty.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Head.

Decision rationale: The medical records report hypertrophied right and left inferior nasal turbinates, secondary to industrial causes; and sleep apnea, secondary to industrial causes. In the report (8-10-15), the IW reported he still could not breathe well through his nose despite improvement of allergy symptoms with treatment. He was found to have sleep apnea by two different doctors. Medications included Norco, Oxycontin, Voltaren, Lipitor, Diovan, Flonase, Astelin, Flomax and Ambien. On examination (8-10-15 notes), he had a septal deviation to the left with 80 percent obstruction and hypertrophied inferior turbinates bilaterally. The base of the tongue was enlarged and the uvula and soft palate were large. Given the note of base on tongue enlargement and uvula and soft palate enlargement reported, the septoplasty and submucous resection/bilateral inferior nasal turbinates base of tongue and uvula reduction concurrent, 2nd operation as an outpatient to finish tongue/soft palate reduction would be supported to surgically correct the condition congruent with MTUS guidelines. The request is medically necessary.