

Case Number:	CM15-0025880		
Date Assigned:	02/18/2015	Date of Injury:	08/15/2014
Decision Date:	03/30/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/11/2015

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: 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 48 year old male, who sustained an industrial injury on 8/15/2014. The diagnoses have included turbinate hypertrophy, allergic rhinitis, headache, dizziness and vertiginous syndromes, other disorders of the vestibular system, injury, other and unspecified injury of face and neck. Computed tomography (CT) scan of the facial bones dated 5/15/2014 showed minimal contour deformity, orbital lamina of the right ethmoid bone, possibly chronic, clinical correlation recommended. The maxillofacial skeleton otherwise appears intact and negative for any posttraumatic injury. Facial bone comparison dated 8/19/2014 revealed no fractures, dislocation, or bone focal pathological lesion. Currently, the IW complains of headaches and dizziness. Objective findings included tenderness at the supraorbital ridge of the face and floor of the frontal sinus, left greater than right. Asymmetrical hearing loss is noted on the audiogram. Nasal endoscopy revealed severe erythema and rhinitis. On 2/09/2015, Utilization Review non-certified a request for a repeat computed tomography (CT) scan of the face noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. References were not cited. On 2/11/2015, the injured worker submitted an application for IMR for review of computed tomography (CT) scan of the face.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the face: 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 ODG, Head, CT/MRI (magnetic resonance imaging), page 212

Decision rationale: This correctional officer was punched in the face while on duty on 8/15/14. He is s/p multiple imaging studies to include the CT scan of the brain that was unremarkable, CT scan of the cervical spine that was negative, CT scan of the facial bones on 8/15/14 that was negative for acute traumatic injury with the maxillofacial skeleton intact and Facial bone Comp on 8/19/14 that had no acute pathological lesions. There is no report of new injuries or acute progressive change in clinical findings to support repeating the CT scan of the face. The CT of the face is not medically necessary and appropriate.