

Case Number:	CM15-0032763		
Date Assigned:	02/26/2015	Date of Injury:	07/08/2012
Decision Date:	04/09/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/23/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 45 year old male, who sustained an industrial injury on 07/08/2012. The diagnoses have included closed fracture of the carpal bone, sprain of neck, sprain of shoulder/arm, sprain of lumbar region, and history of eye lid plastic surgery after nose and orbital fractures. Noted treatments to date have included lumbar spine epidural injections and medications. Diagnostics to date have included MRI of the lumbar spine on 06/03/2013 which showed straightening of lumbar spine lordosis, disc desiccation and broad based central disc herniation at L4-L5 with an annular tear along its caudal margin, and loss in disc height with a broad based central/right paracentral disc herniation at L5-S1. In a progress note dated 01/14/2015, the injured worker presented with complaints of back pain and double vision problems. The treating physician reported decreased range of motion of the lumbar spine and decreased grip and pinch to the right wrist. The physician requested Maxofacial Surgery consultation and continue with pain management. Utilization Review determination on 02/04/2015 non-certified the request for Maxofacial Surgeon Consultation citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxofacial surgeon consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Guidelines, Second Edition (2004), Chapter 7, page 127: Consultation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Orbital fractures.

Decision rationale: Patients with severe fractures, particularly in the zygomatic-maxillary or nasal-ethmoid regions, often have significant disruption of the orbit, with injury to associated structures. Surgical repair is typically complex, and residual visual and cosmetic defects may occur. Patients with orbital floor fractures who have persistent nausea and vomiting, eye muscle dysfunction, diplopia, enophthalmos, or orbital dystopia usually require surgery and should be promptly referred to an ophthalmologist. In this case there is no documentation of dysfunction of extraocular movement requiring referral for surgical intervention. In addition the patient is under the care of a plastic surgeon. The patient has undergone blepharoplasty. Documentation states that the plastic surgeon will be providing care for the orbital fractures. Medical necessity has not been established. The request should not be authorized.