MAXIMUS Federal Services

Case Number:	CM15-0054315		
Date Assigned:	03/27/2015	Date of Injury:	11/29/2011
Decision Date:	05/15/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/23/2015

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: 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 47 year old male who sustained an industrial injury on 11/29/2011. Diagnoses include status post craniofacial trauma with laceration of the nose, post-traumatic migraines, and blurred vision related to above. Treatment to date has included medications, diagnostics, and acupuncture. A physician progress note dated 01/08/2015 documents the injured worker states symptoms have improved with propranolol 20mg three times a day. He has no evidence of ataxia or nystagmus. Sensory exam is intact, and gait is normal. Treatment plan is to continue with acupuncture, Inderal and requesting a chronic pain management consultation. Treatment requested is for CT scan of paranasal sinuses.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of paranasal sinuses: Overturned

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 American College of Radiology (ACR), the American

Society of Neuroradiology (ASNR), and the Society for Pediatric Radiology (SPR). Amended 2014 (Resolution 39). Websitewww.acr.org/~/media/3e9cfc1876e84169a1adfbac2f2f06a3.pdf.

Decision rationale: Based on the 02/19/15 progress report provided by treating physician, the patient is status post craniofacial trauma with laceration of the nose, and presents with post-traumatic migraines, and blurred vision. The request is for CT Scan of Paranasal Sinuses. Patient's diagnosis per Request for Authorization form dated 02/11/15 includes cicatrix right superior nose, and nasal airway obstruction with headaches/ migraines. Treatment to date has included medications, diagnostics, and acupuncture. The patient is temporarily totally disabled, per 02/19/15 treater report. MTUS, ACOEM and ODG are silent regarding this request. Alternate guideline was referenced. According to ACR "ASNR" SPR Practice Parameter for the Performance of Computed Tomography (CT) of the Extracranial Head and Neck. This practice parameter was revised collaboratively by the American College of Radiology (ACR), the American Society of Neuroradiology (ASNR), and the Society for Pediatric Radiology (SPR). Amended 2014 (Resolution 39). www.acr.org/~/media/3e9cfc1876e84169a1adfbac2f2f06a3.pdf. "Indications for CT of the paranasal sinuses include, but are not limited to (11, 35, 38-51): 1. Congenital anomalies. 2. Fibroosseous disease. 3. Sinonasal neoplasm, including benign or malignant lesions and soft tissue or bone involvement. 4. Facial trauma. 5. Acute and chronic inflammation. 6. Follow-up after surgery, chemotherapy, or radiation therapy. 7. Radiation therapy treatment planning. 8. Hemorrhage/epistaxis. 9. Intraoperative and procedural guidance." Treater has not provided reason for the request. UR letter dated 02/18/15 states "...there was no recent clinical assessment by the requesting provider submitted for review. In addition, there was no history or complaint of facial subcutaneous air, CSF rhinorrhea, facial distortion, or diplopia..." However, based on the American College of Radiology parameters, CT of the paranasal sinuses are indicated for facial trauma, which has been documented by requesting physician. There is no evidence of prior CT of the paranasal sinuses. The request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.