

Case Number:	CM15-0086020		
Date Assigned:	05/08/2015	Date of Injury:	05/11/2010
Decision Date:	06/12/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 46 year old male, who sustained an industrial injury on 05/11/2010. He has reported subsequent low back and right leg pain, headaches and diffuse muscle pain and was diagnosed with status post severe electrocution with extensive body burns, severe osteoarthritis with CPAP, traumatic brain injury, right shoulder tear and low back pain with right lower extremity radiculopathy. Treatment to date has included oral pain medication, physical therapy and surgery. In a progress note dated 04/01/2015, the injured worker complained of low back pain and right leg, headaches, disequilibrium, vertigo, muscle pain and fatigue, poor memory, cervical and lumbar pain. Objective findings were notable for nasal speech, extensive bilateral thigh and abdominal burns with skin grafts that are dry and painful to the touch, discoloration, distortion, allodynia, hypothermia, sudomotor changes, sensory changes positive Nysten-Barany, decreased range of motion of the right shoulder, positive Romberg, decreased range of motion dexterity and finger nose finger. A request for authorization of nasal submucosal resection was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to an Ears Nose and Throat specialist for nasal sub-mucosal resection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127 and the Aetna Clinical Policy Bulletin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8. Decision based on Non-MTUS Citation Weaver T, et al. Adherence with continuous positive airway pressure (CPAP). Topic 7702, version 18.0. UpToDate, accessed 03/29/2015.

Decision rationale: The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. Obstructive sleep apnea is a condition that results in people not breathing enough or even stopping breathing while they are asleep. Treatment with positive airway pressure, either continuously (CPAP) or bi-level (BiPAP), while asleep is often helpful. However, this therapy is not always tolerated well. Left untreated, obstructive sleep apnea can result in serious complications over time. Managing the side effects of CPAP therapy and behavioral therapy can be helpful in maintaining adherence with this treatment. The submitted and reviewed records indicated the worker was experiencing sinus congestion that interfered with the worker's use of CPAP, among other issues. In light of this supportive evidence, the current request for a consultation with an ear, nose, and throat (ENT) specialist for possible submucosal resection is medically necessary.