

<b>Case Number:</b>	CM14-0118060		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Otolaryngology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 42 year old male who sustained a closed head injury 10/12/11, having been hit in the head by a rock while at work. He has a persistent neck and shoulder injury. [REDACTED] more recently suspected that there also might be issues with sleep apnea and on 2/9/14 polysomnography was done. Interpretation indicates that OSA is not present. On 2/27/14 a "nasal function test" was performed. This was apparently a smell identification test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro nasal function test head, back, and neck:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Predictive role of nasal functionality tests in the evaluation of patients before nocturnal polysomnographic recording. Passali, Bellussi, Mazzone, Acta Otorhinolaryngol Italia, April 2011; Rhinology. 2014 Jun, 52(2):99-103.doi: 10.4193/Rhin. Objective measures for functional diagnostic of the upper airways: practical aspects. Chaves C, de Andrade CR, Ibiapina C; European Archives of Oto-Rhino-Laryngology, September 2011, Volume 268, Issue 9, pp1365-1373, Open Access, The role of the nose in snoring and obstructive sleep apnea: an update, Christos Georgalas.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Timperley D, et al. Minimal clinically important

differences in nasal peak inspiratory flos. Rhinology 2011;49(1):37-40. 2011 CPT Manual, Special Otorhinolaryngologic Services, code 92512, pp323

**Decision rationale:** There is no Guideline in MTUS or ODG for this case. Nasal Function Test (CPT 92512) is rhinomanometry to assess nasal airflow. The study done in this case was a smell function test. There is no documentation anywhere in the file supporting that alteration in sense of smell is a problem for this claimant. The request was not medically necessary.