

Case Number:	CM14-0214144		
Date Assigned:	01/07/2015	Date of Injury:	01/04/2013
Decision Date:	03/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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 50-year-old female who reported an injury on 01/04/2013. The mechanism of injury was not described. The clinical note dated 11/24/2014 noted that the injured worker had complaints of headaches, dizziness, nausea, difficulty breathing, and pain increased with smell of most chemicals and odors. She was also emotional and depressed. Upon examination, the injured worker had a blood pressure of 137/89, a pulse of 68 BPM, and is right hand dominant. There was swelling of the face and watery eyes. There was difficulty breathing with an upset and depressed mood. There was complaints related to headaches and dizziness, blurred vision with difficulty breathing, and stress. The provider recommended a consultation with an ears, nose, throat, and allergy specialist. No rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Ears, Nose, Throat and Allergy specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 6

Decision rationale: The request for consultation with ears, nose, throat and allergy specialist is not medically necessary. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss, and/or examinee's fitness to return to work. There was no clear rationale to support the need for consultation. Additionally, no documentation of prior therapies and medications taken by the injured worker. Additionally, there is no medical diagnosis regarding the ears, nose, or throat and no subjective complaints noted. As such, medical necessity has not been established.