

Case Number:	CM15-0091506		
Date Assigned:	05/15/2015	Date of Injury:	06/19/2013
Decision Date:	06/17/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/12/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 30-year-old female, who sustained an industrial injury on June 19, 2013, incurring work related lung injuries from chemicals and back pain secondary to a chronic repetitive cough. She was diagnosed with bronchial asthma, gastro esophageal reflux disorder and back pain. Treatment included a pulmonary consultation, physical therapy, proton pump inhibitor, inhalers, muscle relaxants, analgesic creams and gel, pain medications and pain patches, decongestants and mucolytic. She was treated with triple antibiotic therapy for Helicobacter pylori infection. Currently, the injured worker complained of persistent sinus drainage, difficulty breathing, difficulty speaking, headaches and a feeling of something stuck in her throat. The treatment plan that was requested for authorization included a prescription for Astelin spray and sinus x rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Astelin Spray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Seasonal allergic rhinitis" Recent patents on inflammation & allergy drug discovery 7.3 (2013): 187-201.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697014.html>.

Decision rationale: Pursuant to Medline plus, Astelin spray is medically necessary. Astelin is an antihistamine used to treat hay fever and allergic symptoms including runny nose, sneezing and itchy nose. For additional details, see the attached link. In this case, the injured worker's working diagnoses are suspected rhino-sinusitis accounting for all configuring to throat symptoms; probable gastroesophageal reflux disorder; back pain; status post H pylori. The injured worker's current list of medications, according to an April 6, 2015 progress note, are Flonase nasal spray, Astelin nasal spray, a trial of Seldane, mucolytics, sinus x-rays and refer to ENT for endoscopy of the upper airways. Asteline is an appropriate add-on therapy to nasal corticosteroids. The request for authorization does not contain a frequency for the number of sprays. However, the medical record documentation indicates the directions for Astelin spray are dictated and include, one spray each nostril twice a day #1. The utilization review modified the ambiguous request for authorization to the same directions. Consequently, Astelin spray is medical necessary.

Sinus X-rays: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Principles of X-ray diagnosis of the skull. Butterworth-Helnemann, 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/003803.htm>.

Decision rationale: Pursuant to Medline plus, sinus x-rays are not medically necessary. A sinus x-ray is an imaging test to examine the sinuses. Sinuses are air-filled spaces in the front of the skull. Sinus x-rays may be used for symptoms of sinusitis, other sinus disorders such as a deviated septum, symptoms of other infection. In this case, the injured worker's working diagnoses are suspected rhino-sinusitis accounting for all configuring to throat symptoms; probable gastroesophageal reflux disorder; back pain; status post H pylori. The injured worker's current list of medications, according to an April 6, 2015 progress note, are Flonase nasal spray, Astelin nasal spray, a trial of Seldane, mucolytics, sinus x-rays and refer to ENT for endoscopy of the upper airways. The injured worker had a CT scan of the sinuses performed on March 24, 2015. The impression showed evidence of right maxillary sinusitis. There is no evidence of air fluid levels in the paranasal sinuses. The treating provider did not provide a clinical indication or rationale for ordering sinus x-rays when a computed tomography of the sinuses was performed March 21, 2015 and there has been no acute change in subjective or objective findings. Consequently, absent compelling clinical documentation with a clinical indication or rationale (status post computed tomography of the sinuses performed March 2015) for plain sinus x-rays, sinus x-rays are not medically necessary.

