

Case Number:	CM13-0070375		
Date Assigned:	03/03/2015	Date of Injury:	10/02/1991
Decision Date:	04/06/2015	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/24/2013

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 male who sustained an industrial related injury on 10/2/91. Traumatic brain injury was noted with secondary epilepsy and hydrocephalus for which a shunt was placed. Fever of unknown origin was also noted. Diagnoses included status post traumatic brain injury with intracranial hemorrhage, hydrocephalus secondary to traumatic brain injury, epilepsy from traumatic brain injury, hypertension, liver and spleen enlargement, and chronic shunt infection. The treating physician requested authorization for a computed tomography scan of the sinuses and Lab work: Carbamazepine and Phenobarbitol. On 10/31/13 the request was non-certified. Regarding the computed tomography scan, the utilization review (UR) physician noted there was no documentation of any symptoms of examination findings to suggest the diagnosis of sinusitis as a cause of the fever of unknown origin. Regarding Carbamazepine and Phenobarbitol, the UR physician noted there was no documentation the injured worker had been taking either of these medications. The evaluation of blood levels of medication not currently prescribed is not medically necessary. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the 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 Am Fam Physician. 2002 Nov 15; 66 (10):1882-1887. Radiologic Imaging in the Management of Sinusitis.

Decision rationale: Uncomplicated sinusitis does not require radiologic imagery. However, when symptoms are recurrent or refractory despite adequate treatment, further diagnostic evaluations may be indicated. Plain radiography has a limited role in the management of sinusitis. Although air-fluid levels and complete opacification of a sinus are more specific for sinusitis, they are only seen in 60 percent of cases. Non-contrast coronal computed tomographic (CT) images can define the nasal anatomy much more precisely. Mucosal thickening, polyps, and other sinus abnormalities can be seen in 40 percent of symptomatic adults; however, clinical correlation is needed to avoid over diagnosis of sinusitis because of nonspecific CT findings. Use of CT is typically reserved for difficult cases or to define anatomy prior to sinus surgery. In this instance, the injured worker had fever of unknown origin for several months following placement of an intracranial shunt for hydrocephalus. He had a history of craniofacial trauma previously which would make plain films less reliable for diagnosing sinusitis. He was known to have chronic sinus drainage and was even given the clinical diagnosis of chronic sinusitis. Because of the possibility of a shunt infection in the context of fever of unknown origin, it was important to exclude other potential sources of infection. Consequently, a CT scan of the paranasal sinuses was medically necessary.

Retrospective Lab Work for Carbamazepine (Tegretol) and Phenobarbital (Luminal) DOS: 5/23/2013, 5/24/2013 & 6/24/2013: Upheld

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 Lab tests online. Carbamazepine and phenobarbital.

Decision rationale: The carbamazepine test is used to measure and monitor the amount of carbamazepine in the blood to determine whether the level of drug is within the therapeutic range. Carbamazepine is primarily used to treat certain seizure disorders (also called epilepsy) but is also prescribed to stabilize the moods of people with bipolar disease, to ease alcohol withdrawal, and to help alleviate some types of nerve pain. A phenobarbital level is used to measure and monitor the amount of phenobarbital in the blood and to determine whether the drug level is within a therapeutic range. Phenobarbital is an anti-epileptic drug used to prevent seizures in people with epilepsy. This test is used to ensure that the blood level of phenobarbital is not too low so as to cause a recurrence of seizures or too high as to cause side effects. The submitted medical record contains no evidence that the injured worker was taking either tegretol or phenobarbital for the listed dates above. The medical record shows the injured worker was taking lamictal, Strattera, and Ibuprofen. Retrospective Lab Work for Carbamazepine (Tegretol) and Phenobarbital (Luminal) DOS: 5/23/2013, 5/24/2013 & 6/24/2013 is not medically necessary and appropriate.

