

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/26/2013



Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	11/3/2010
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0007978

- 1) MAXIMUS Federal Services, Inc. has determined the request for **flexible fiberoptic endoscopic evaluation is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/10/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **flexible fiberoptic endoscopic evaluation is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 52-year-old male who reported an injury to his cervical spine on 11/30/2010. On a clinical note dated 01/18/2013, reported the patient underwent an ENT consult for the hoarseness, dysphagia, cervical spine disease, and laryngopharyngeal reflux. The patient is reported to have undergone a cervical spinal surgery in 2011 with marked improvement in his pain and neck, but several months after returning to work, his symptoms worsened again. The patient admitted to weakness of the bilateral upper extremity and paresthesia of the left upper extremity and noted minimal dysphagia after his first surgery in 2011, which remained unchanged. The patient was reported to be scheduled to undergo a revision cervical spine surgery in 01/2013. The evaluation dated 12/28/2013 noted that the patient underwent a fiber optic laryngoscopy and noted that the vocal cords were mobile and symmetrical bilaterally. There was mild erythema or inflammation on vocal cords no masses, no DCT, Candida was minimal. There was no vocal cord bowing. There was no hyper functioning of the DC. There were no pooling secretions, or vocal cord polyps. The patient was felt at that time to an excellent candidate for a revision cervical spine surgery. The patient is noted to have undergone an anterior cervical discectomy and fusion in 01/2013 note and an undated ENT note stated since the spinal surgery the patient had mild to moderate dysphagia, which was escalated by pitching his head back and reported it felt like "food gets stuck in my throat." Physical exam revealed mild bulging TMAS, mild erythema of the TMAS. Current diagnoses include radiculitis and radiculitis NOS, and dysphagia unspecified

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for flexible fiberoptic endoscopic evaluation:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator found that no section of the MTUS was applicable. The Claims Administrator based its decision on the following online eMedicine article on dysphagia: (<http://emedicine.medscape.com/article/324096-overview#aw2aab6c10>).

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on an other Medical Treatment Guideline or Medical Evidence: The Merck Manual for Health Care Professionals, Online Version, Esophageal and Swallowing Disorders, Dysphagia.

Rationale for the Decision:

The Merck Manual for Healthcare Professionals Online Version recommends a barium swallow be performed with bolus, usually a marshmallow or tablet, for a diagnosis of dysphagia, and if the test shows an obstruction, an endoscopy and possible biopsy should be done to rule out malignancy. If a barium swallow is negative or suggestive of a motility disorder, esophageal motility study should be done. As there is no indication that the employee has undergone a barium swallow to assess dysphagia, the need for a flexible fiber optic endoscopic evaluation is not indicated. **The request for flexible fiberoptic endoscopic evaluation is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ejf

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.