

<b>Case Number:</b>	CM13-0023085		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/21/2010
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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.

### 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 underlying date of injury in this case is 05/21/2010. The patient's diagnosis is low back pain with lumbar discogenic pain status post a microdiscectomy. On 08/21/2013, the treating provider submitted a request for an ENT consultation prior to a barium swallow study. ██████ noted that this was a request from a radiology department in order to assist with performing a study. Previously on 03/11/2013, ██████ noted the patient was complaining of an ongoing, right-sided foreign body sensation in his throat with a difficulty swallowing liquid or pureed foods. The patient reported that he had these symptoms ever since his first lumbar surgery when he was intubated. ██████ recommended a barium swallow to further evaluate these symptoms. An initial physician review notes that a radiologist felt that a modified barium swallow would provide better information than a typical barium swallow, although within this documentation, there was no mention that the radiologist required that the patient attend the consultation with an ENT physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ENT consultation w/ ██████**: Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 45.

**Decision rationale:** ACOEM Guidelines, Chapter 3 Treatment, page 45, states, "Variance from expectations: If the patient is not recovering as he or she expects, the patient and clinician should seek reasons for the delay and address them appropriately." The prior physician reviewer states that a radiologist did not strictly require an ENT physician prior to a barium swallow. In this case, the medical records indicate that the patient has reported substantial ongoing potential swallowing problems for a considerable period of time after surgery requiring intubation. Given the severity and chronicity of this presentation, it is certainly within very reasonable clinician discretion to request an ENT consultation in order to rule out an injury during intubation. Such a consultation may also help to guide a barium swallow, which is a more invasive procedure than an ENT consultation. Overall, the guidelines do support this request. This request is medically necessary.