MAXIMUS Federal Services

Case Number:	CM13-0024070		
Date Assigned:	11/20/2013	Date of Injury:	05/20/2002
Decision Date:	01/21/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/12/2013

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 Otolaryngology and is licensed to practice in Texas and Indiana. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 36-year-old female who reported an injury on 05/20/2012. A clinical note dated 07/02/2013 signed by [redacted] reported the patient has noted improvement with respect to symptoms of gastroparesis, improved capacity for bowel movements and bladder function, reduction in intensity of shooting pain into the arms and legs, reduced epigastric and thoracolumbar pain, and generally improved capacity for carefully selected, well controlled, and short duration activities of daily living with the use of massage and TheraStim treatment. He noted that the patient had not been seen in the emergency room over the past several months as a result of her improvement in respect to abdominal pain and reduced difficulty with allergic reactions consisting of a feeling of closure of her throat or hives. Her careful dietary pattern, therapeutic exercises, and the effects of deep tissue massage and TheraStim have had a positive benefit. A clinical note dated 07/14/2013 signed by [redacted] reported the patient had a 3 year history of throat tightness and gastric discomfort and was seen at the head and neck surgery clinic for further evaluation. Based on the patient's history, she described an airway closure that had been so severe that at times she had to call 911 for respiratory distress associated with symptoms. She also reported some development of hives and anaphylaxis, which had been worked up with rheumatology and allergy services. The patient is noted to have been diagnosed with gastroparesis and esophageal eosinophilia for which she was started on steroids and antibiotics. The patient is reported to have not continued on her steroid treatment as she was skeptical of taking that type of medication secondary to the fact that, in the past, she had developed Cushing's syndrome after intrathecal steroid injections. More recently, the patient is reported to have developed violent coughing episodes that would happen at any point during the day or in the middle of the ni

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiological examination; esophagus: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual, X-ray and Other Imaging Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Merck Manual for Health Care Professionals, Gastrointestinal Disorders, Diagnostic and Therapeutic GI Procedures, X-ray and Other Imaging Contrast Studies.

Decision rationale: The patient is a 36-year-old female who is reported to have been diagnosed with gastroparesis and esophageal eosinophilia. She was reported to have started on steroids and antibiotics, but did not continue her steroid treatment as she was skeptical about taking the medications in the past. The patient is noted to have had improvement with use of massage and TheraStim treatment with respect to her symptoms of gastroparesis. A request was submitted for a radiographic examination of the esophagus. The California MTUS, ACOEM, and ODG do not address the request. Merck Manual for Health Care Professionals states that x-rays and other imaging contrast studies visualize the entire GI tract from pharynx to rectum and are most useful in detecting mass lesions and structural abnormalities such as tumors and strictures. The main contradiction in x-rays contrast studies is suspected perforation, and patients having upper GI x-rays is best done as a biphasic study beginning with a double contrast examination of the esophagus, stomach, and duodenum, followed by a single contrast study using low density barium. The patient is reported to have developed dysphagia with some solids and to have been diagnosed with gastroparesis and esophageal eosinophilia. The examination by a gastroenterologist performed on 07/12/2013 recommended a modified barium swallow and esophagram to evaluate the patient's swallowing. There is documentation that the patient is reported to have had difficulty swallowing, as her dysphagia with solids is reported to have resolved. As such, the request for a barium swallow does not appear to be indicated. Based on the above, the requested radiological examination; esophagus; is non-certified.