

<b>Case Number:</b>	CM14-0037337		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/16/2005
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/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 injured worker is a 34-year-old male who was reportedly injured on 8/13/11. The mechanism of injury was noted as a lifting injury. The most recent progress note dated 1/17/14, indicated that there were ongoing complaints of low back pain, with pain radiating to lower extremities. The physical examination demonstrated lumbar spine positive tenderness of the lower lumbar spine and bilateral sacroiliac joints and positive tenderness to palpation to the paraspinal musculature with guarding. No recent diagnostic studies were available for review. Previous treatment included previous surgery, physical therapy, medications, and injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Esophagram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Levine MS, Bree RL, Foley WD, Glick SN, Heiken JP, Huprich JE, Robbin MI, Ros PR, Shuman WP, Greene FL, Laine LA. Expert Panel on Gastrointestinal Imaging. Dysphagia. Reston (VA): American College of Radiology (ACR); 2005, 6 p. (33 references).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Role of the modified barium swallow in management of

patients with dysphagia presented at the Annual Meeting of the American Academy of Otolaryngology-Head and Neck Surgery, Oct. 2-6, 1993, Minneapolis, Minn.

**Decision rationale:** The modified barium swallow is a radiographic (videofluoroscopic) procedure designed to define the anatomy and physiology of the patient's oropharyngeal swallow and examine the effectiveness of selected rehabilitation strategies designed to eliminate aspiration or excess oral or pharyngeal residue (the symptoms of the patient's dysphagia). After reviewing the medical documentation with low back pain, there was no subjective or objective findings concerning the need for this procedure. However, the request for this procedure is lacking any type of documentation. Therefore, it is deemed not medically necessary.