

Case Number:	CM14-0099448		
Date Assigned:	07/28/2014	Date of Injury:	06/27/2011
Decision Date:	08/28/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/25/2014

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 55-year-old female who was reportedly injured on June 27, 2011. The mechanism of injury was not listed in the records. The most recent progress note dated April 14, 2014, indicated that there were ongoing complaints of dysphagia and abductor spasmodic dysphoria. There was not a physical examination was performed, nor were any diagnostic imaging studies reviewed during this visit. Previous treatment included a C3 through C7 fusion, physical therapy, anti-inflammatory medications, narcotic medications, and a cervical collar. A request was made for patient/family education and was not certified in the pre-authorization process on March 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Patient/ Family Education: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg 127.

Decision rationale: According to the medical record, the injured employee has been referred for therapy for dysphagia but has not completed this referral. There were also recommendations for video fluoroscopy, electrical stimulation, oral motor exercises, diet modification and a patient education program. It was unclear if any of these recommendations other than a patient education program have been completed. Additionally, this request does not state a justification for a patient/family education program or what this program will consist of that the patient is already not familiar with. Considering this, this request for patient/family education is considered not medically necessary.