

Case Number:	CM15-0131295		
Date Assigned:	07/17/2015	Date of Injury:	08/29/2013
Decision Date:	08/18/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 52 year old with an industrial injury dated 08/29/2013. The injury is documented as occurring while he was working as a prop maker injuring his neck. His diagnoses included status post anterior cervical microdiscectomy and interbody arthrodesis at cervical 6-7 with internal fixation and left iliac bone graft, mild, chronic bilateral cervical 7 radiculopathy, probable pseudoarthrosis at cervical 6-7, mild disc space collapse at cervical 5-6 and difficulty swallowing. Prior treatment consisted of physical therapy, injections medications and cervical surgery. He presents on 05/12/2015 with complaints of neck and swallowing complaints post cervical surgery. The injured worker had been evaluated by ear, nose and throat physician who recommended an endoscopy (which had not been authorized). Physical exam noted full cervical range of motion with flexion and 50% in all other planes. Strength in upper extremities was 5/5 bilaterally except in the left triceps, which was +4/5. There was tenderness over the left trapezial muscle to palpation. Cervical MRI dated 05/07/2015 noted post-operative and degenerative changes of the cervical spine with straightening of the normal cervical lordosis and good postoperative alignment. The treatment request is for Endoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endoscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gullung, J. L., Hill, E. G., Castell, D. O., & martin-Harris, B. (2012) Oropharyngeal and Esophageal Swallowing Imperiments: Their Associated and the Predictive Value of the Modified Barium Swallow Impairment Profile and Combined Multichannel Intraluminal Impedance & Esophageal manometry.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Greenwald DA, et al. Overview of upper gastrointestinal endoscopy (esophagogastroduodenoscopy). Topic 13928, version 18.0. Up-to-date, accessed 08/15/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. An upper endoscopy or esophagogastroduodenoscopy (EGD) is a procedure that uses a camera to look inside the throat, stomach, and beginning of the small intestine. The literature supports the use of an EGD to evaluate upper abdominal symptoms associated with "alarm" symptoms, such as weight loss, and/or when they occur in people older than age 50 years. The submitted and reviewed documentation indicated the worker was experiencing back and neck pain, problems breathing, and episodes of hoarseness. The recommended laryngoscopy (a procedure using a camera to look inside the throat) is usually done for these symptoms, and the results of this procedure were not provided. However, the worker was age 52 years, which is considered an "alarm" issue. In light of this supportive evidence, the current request for an endoscopy is medically necessary.