

Case Number:	CM15-0217483		
Date Assigned:	11/09/2015	Date of Injury:	12/12/1999
Decision Date:	12/28/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/04/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64 year old male patient who reported an industrial injury on 12-12-1999. He sustained the injury due to lifting. The diagnoses include labyrinthine dysfunction, ear; personal history of traumatic brain injury; full incontinence of feces; post-laminectomy syndrome; carpal tunnel syndrome; pain in shoulder; and lateral epicondylitis of the elbow. Per the reconsideration request dated 10/30/15, the patient had persistent balance problem with positive Romberg sign. The patient had colonoscopy in the past with negative results. The proctology evaluation was requested for evaluation of fecal incontinence. He had barium swallow which showed a small amount of aspiration. Speech therapy was requested for this. A proctology follow-up was authorized on 1-30-2015, but was never done likely because of no proctologist near-by who will see a workman's compensation patient. Per the pain management progress notes dated 10-9-2015 he had balance issues and problems with standing and walking; problems with swallowing and occasional choking; rectal dysfunction and bowel incontinence; severe back and neck pain, with headaches; and anger issues. The objective findings were noted to include: the use of a wheelchair; that he was emotional and jumping from topic to topic with emotional waxes and wanes, and upset over denials; 1+ bilateral pitting edema to the pretibial region, with significant discoloration and purple areas to his bilateral feet, with decreased temperature of both feet compared to the shins and ankles; and faint distal pulses bilaterally. The medications list includes lunesta, lisinopril, vitamin D, metoprolol, provigil, multivitamin, depakote ER, calcium, protonix, detro la, relafen, docusate sodium and topical creams. He has undergone cervical discectomy and fusion in 2006, lumbar surgery in 2008, bilateral carpal tunnel release in 2009.

His treatments were noted to include: diagnostic modified barium swallow evaluation (4-29-15); consultations; medication management; and rest from work. The Utilization Review of 10-22-2015 non-certified the request for: a proctology examination with treatment; a neurologic evaluation, with treatment, for article repositioning maneuvers and labyrinthine dysfunction; and speech therapy for a positive barium swallow test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Proctology Examination and treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Proctology Examination and treatment. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the reconsideration request dated 10/30/15, the patient had persistent balance problem with positive Romberg sign. The patient had a colonoscopy in the past with negative results. The proctology evaluation was requested for evaluation of fecal incontinence. It is medically appropriate to have proctology evaluation for fecal incontinence in this patient with a history of traumatic brain injury. The request of Proctology Examination and treatment is medically appropriate and medically necessary for this patient.

Neurologic Evaluation and treatment for article repositioning maneuvers and labyrinthine dysfunction: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Neurologic Evaluation and treatment for article repositioning maneuvers and labyrinthine dysfunction. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the reconsideration request dated 10/30/15, the patient had a persistent balance problem with a positive Romberg sign. Neurologic Evaluation and treatment for article repositioning maneuvers and labyrinthine dysfunction is medically appropriate in this patient with balancing

problems and a history of traumatic brain injury. The request of Neurologic Evaluation and treatment for article repositioning maneuvers and labyrinthine dysfunction is medically appropriate and necessary for this patient.

Speech therapy for positive barium swallow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Speech Therapy (ST).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Head (updated 07/24/15) Speech therapy (ST).

Decision rationale: Speech therapy for positive barium swallow Per the cited guidelines, "Speech therapy (ST) is the treatment of communication impairment and swallowing disorders. Speech and language therapy is defined as therapy services, including diagnostic evaluation and therapeutic intervention, that are designed to improve, develop, correct, rehabilitate, or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Speech and language disorders are those that affect articulation of speech, sounds, fluency, voice, swallowing (regardless of the presence of a communication disability), and those that impair comprehension, or spoken, written, or other systems used for communication." Per the records provided the patient had problems with swallowing and occasional choking. He had a barium swallow which showed a small amount of aspiration. Speech therapy was requested for this. The cited guidelines recommend speech therapy for a patient with swallowing disorder. The request of Speech therapy for positive barium swallow is medically appropriate and necessary for this patient.