

Case Number:	CM15-0084264		
Date Assigned:	05/06/2015	Date of Injury:	11/12/2012
Decision Date:	06/05/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/01/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 60 year old female, who sustained an industrial injury on 11/12/12. She reported pain in her neck and back related to a motor vehicle accident. The injured worker was diagnosed as having dysphagia, cervical radiculopathy and cervical stenosis. Treatment to date has included an anterior cervical fusion at C4-C7 and physical therapy. As of the PR2 dated 2/23/15, the injured worker reported continued hoarseness and dysphagia. Objective findings include pain in the neck. An indirect laryngoscopy was performed; however the physician was unable to view the area. The treating physician requested an esophagram and a flexible laryngoscopy.

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 URL (www.ncbi.nlm.nih.gov/pubmed/21472881).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=32511>.

Decision rationale: Pursuant to the National Guideline Clearinghouse, esophagram is not medically necessary. Examinations of the esophagus and upper G.I. tract by single contrast with double contrast technique are proven and useful for evaluation of the esophagus, stomach and duodenum. The goal is to establish the presence or absence, nature and extent of disease with a diagnostic quality study using the minimum radiation dose necessary. Indications include dysphagia, odynophagia; non-cardiac chest pain; recurrent pneumonia or chronic tracheal-bronchial inflammation. Indications may include abdominal pain, epigastric distress, nausea, vomiting, signs and symptoms of upper G.I. bleeding, weight loss, etc. see the guideline for additional details. In this case, the injured worker's working diagnoses are healing cervical arthrodesis from C4 through C7; dysphasia; and lumbar radiculopathy and low back pain. The history is incomplete regarding the dysphasia. There is no discussion of the duration of dysphasia, whether it predates the surgical procedure and whether it involves liquids or solids. The ENT provider states the injured worker has dysphagia and hoarseness. An indirect lower endoscopy was performed at the treating provider was unable to examine the affected area. There is no physical examination of the throat and relevant findings found on indirect laryngoscopy. There is no clinical indication/rationale for an esophagram in the medical record. Consequently, absent clinical documentation with details regarding duration of symptoms (hoarseness and dysphasia), a clinical rationale for an esophagram to be performed, esophagram is not medically necessary.

Flexible Laryngoscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Laryngoscopy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/ency/article/007507.htm>.

Decision rationale: Pursuant to Medline plus, flexible laryngoscopy is not medically necessary. Laryngoscopy is an examination of the back of the throat including the vocal cords. See the guidelines for additional details. In this case, the injured worker's working diagnoses are healing cervical arthrodesis from C4 through C7; dysphasia; and lumbar radiculopathy and low back pain. The history is incomplete regarding the dysphasia. There is no discussion of the duration of dysphasia, whether it predates the surgical procedure and whether it involves liquids or solids. The ENT provider states the injured worker has dysphagia and hoarseness. An indirect lower endoscopy was performed at the treating provider was unable to examine the affected area. There is no physical examination of the throat and relevant findings found on indirect laryngoscopy. Consequently, absent clinical documentation with details of the duration of symptoms (hoarseness and dysphasia) and clinical findings from the initial indirect laryngoscopy, flexible laryngoscopy is not medically necessary.

