

Case Number:	CM15-0088019		
Date Assigned:	05/12/2015	Date of Injury:	11/14/1997
Decision Date:	06/11/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/07/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 78 year old male sustained an industrial injury to the neck and bilateral shoulders on 11/14/97. Previous treatment included cervical fusion times two, cervical spine reconstruction, bilateral rotator cuff surgery and medications. In September 2013, the injured worker developed severe dysphagia following cervical surgery. A percutaneous gastrostomy tube (PEG) was placed. The injured worker subsequently underwent periodic barium swallows to reevaluate whether the tube could be removed. Modified barium swallows dated 9/26/14, 5/22/14 and 11/2013 revealed ongoing risk of aspiration. The speech pathologist recommended continuing nothing by mouth status, outpatient swallowing therapy and reevaluation in six months. In a PR-2 dated 2/18/15, the injured worker continued with feeds via PEG tube using 10 cans of Jevity per day. The injured worker complained of ongoing neck, bilateral arm and leg pain. Current diagnoses included cervical spine post-laminectomy syndrome, cervical spine degenerative disc disease, cervical spine radiculitis, lumbar spine degenerative disc disease, cervicgia and impingement syndrome. The treatment plan included continuing medications (Norco and Fentanyl patches), adding Nexium, continuing Peg tube feeds, a neurosurgery consultation, laboratory studies and continuing with swallowing studies and treatment under the direction of the speech pathologist. A 4/21/15 document states that the patient had active aspiration on prior swallowing attempt. He has progressed to tolerating secretions and some liquids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Modified barium swallow/thin barium swallow test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Expert Panel of Gastrointestinal Imaging, ACR Appropriateness Criteria, American College of Radiology.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Amended 2014 (Resolution 39) ACR Practice Parameter for the performance of the modified barium swallow.

Decision rationale: Modified barium swallow/thin barium swallow test is medically necessary per the American College of Radiology Practice Parameters. The ODG and the MTUS do not specifically address this request. The documentation indicates that the patient has ongoing dysphagia requiring PEG feeds but is tolerating some liquids and secretions at this point. The ACR recommends follow-up of known oropharyngeal swallowing dysfunction. The last modified barium swallow was 9/26/14. The patient is tolerating some secretions/liquids now. It is reasonable to repeat the modified barium swallow therefore this request is medically necessary.