

Case Number:	CM14-0125996		
Date Assigned:	09/24/2014	Date of Injury:	03/11/2012
Decision Date:	10/30/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/08/2014

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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for bronchitis, asthma, and dysphagia reportedly associated with an industrial injury of March 11, 2012. The applicant, a firefighter, had apparently alleged issues with dysphagia, cough, bronchitis, and asthma secondary to cumulative trauma from inhalation exposure to brush fires over the course of employment. Thus far, the applicant has been treated with the following: An esophageal dilatation procedure, per the claims administrator. In a Utilization Review Report dated July 15, 2014, the claims administrator approved a barium swallow study, approved an evaluation with a swallow specialist, and approved an evaluation with a speech therapist while denying speech therapy and swallow therapy. The claims administrator did note that the applicant had undergone a barium swallow which was reportedly abnormal and that the applicant had also undergone an esophageal dilatation procedure. In a September 28, 2013 note, the applicant was described as not working and having been on disability for some time. The applicant was reporting complaints of reportedly severe dysphagia of uncertain etiology. It was stated that the applicant should employ Dexilant for reflux and Lunesta for sleep while consulting a gastroenterologist for an EGD and a sleep specialist for sleep apnea study. The etiology of the applicant's dysphagia was unknown, the treating provider stated. A January 31, 2014 office visit was notable for comments that the applicant had ongoing issues with coughing and difficulty swallowing secondary to reflux. The applicant was asked to obtain an EGD. The applicant was placed off of work, on total temporary disability, via an April 14, 2014 progress note. The applicant was again reporting severe symptoms of reflux and dysphagia after eating and associated pain about the throat. In a note dated June 11, 2014, somewhat blurred as a result of repetitive photocopying and faxing, the applicant apparently consulted an otolaryngologist for issues associated with dysphagia, cough, and choking on food status post earlier esophageal

dilatation procedure. The applicant stated that the esophageal dilatation procedure helps somewhat. The applicant did have evidence of allergic rhinitis on inspection of the nose. The applicant was asked to undergo a modified barium swallow study and obtain an evaluation from a swallow specialist as well as received unspecified amounts of speech therapy and/or swallow therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Chapter, Speech Therapy topic.

Decision rationale: The MTUS does not address the topic. While ODG's Head Chapter, Speech Therapy topic does note that criteria for pursuit of speech therapy include evidence of a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease, ODG qualifies its position on speech therapy by noting that an applicant should have a clinically documented functional speech disorder resulting in an inability to perform at the previous functional level and that there should be an expectation that improvement should be anticipated in four to six months. In this case, however, there is no evidence that the applicant has a speech, hearing, or language disorder associated with injury, trauma, or a medically based illness or disease. There is no evidence that speech therapy is expected to improve the applicant's issues here. It is noted that the applicant's issues with speech disturbance have not been clearly described or clearly characterized and that these issues, in any case appear secondary to issues with gastroesophageal reflux disease and/or an abnormal barium swallow study. It does not appear that these issues are necessarily amenable to speech therapy but, rather, are seemingly more likely to be amenable to proton pump inhibitors, dietary alteration, the earlier esophageal dilatation procedure, etc. It is further noted that the request for speech therapy is open ended. The attending provider did not quantify the request. Therefore, the request is not medically necessary.

Swallow Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Evaluation and Treatment of Swallowing Impairments JEFFREY B. PALMER, M.D., Good Samaritan Hospital, Baltimore, Maryland JENNIFER C. DRENNAN, M.S., and MIKOTO BABA, M.D., SC.D., Fujita Health University, Nagoya, Japan Am Fam Physician. 2000 Apr 15;61(8):2453-2462. Disorders of oral and pharyngeal

swallowing are usually amenable to rehabilitative measures, which may include dietary modification and training in specific swallowing techniques.

Decision rationale: As with the request for speech therapy, the MTUS does not address the topic. While American Family Physician (AFP) does acknowledge that disorders in oral and/or pharyngeal swallowing are usually amenable to rehabilitative measures which include training in specific swallowing techniques and/or dietary modifications, in this case, however, the attending provider concurrently sought authorization for a barium swallow study, which was approved by the claims administrator. If the barium swallow study does/did uncover a lesion amenable to surgical correction or intervention correction, this could, however, potentially obviate the need for the proposed swallow therapy. It is further noted that the request for 'swallow therapy' is open ended. The attending provider did not quantify the request and/or state how many sessions he was seeking. The MTUS Guideline in ACOEM Chapter 3, page 48 does state that it is incumbent upon a treating provider to furnish a prescription for therapy which "clearly states treatment goals." This request, thus, did not conform to ACOEM parameters. Therefore, the request is not medically necessary.