

Case Number:	CM14-0141100		
Date Assigned:	09/12/2014	Date of Injury:	05/02/2006
Decision Date:	10/24/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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 Otolaryngology 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 patient is an adult male who has had persistent, but slightly improved dysphagia ever since undergoing a multiple procedures involving C3-C4, C4-C5 through and anterior approach. Apparently there was extensive swelling in the pharynx post operatively, requiring use of a feeding tube for 2 weeks. ENT evaluation noted that fiberoptic laryngoscopy is within normal limits. Note states that the patient wishes evaluation to improve function and to clarify what food consistencies are safe...." Request for speech evaluation and FEES has been denied as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech Evaluation: 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) - TWC Pain Procedure Summary last updated 06/10/2014, Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1. Smith Hammond CA, Goldstein LB. Cough and Aspiration of food and liquids due to oral-pharyngeal dysphagia. Chest. 2006;129(1-suppl):154S-168S. 2. Charpiet G. Modified Barium Swallow versus FEES. SpeechPathology.com, 12/10/2007 3. Branstetter BF. Diagnostic

imaging of the pharynx and esophagus. Chapter. 78 in Cummings Otolaryngology Head and Neck Surgery, 4th Edition, Mosby 2005. pp: 1786 and 1795

Decision rationale: This patient apparently has ongoing complaints of dysphagia. Evaluation by a speech pathologist with modified barium swallow is indicated diagnostically in this case. Therefore, this request is medically necessary.

Fiber optic Endoscopic Examination of Swallowing (FEES) Examination: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head and Neck Surgery, 4th Edition. Chapter 86 - Visual Observation of the Larynx, Flint: Cummings Otolaryngology: Head and Neck Surgery, 5th Edition. Chapter 210 - Videofluoroscopic Swallow Study last updated 01/01/2010

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1. Smith Hammond CA, Goldstein LB. Cough and Aspiration of food and liquids due to oral-pharyngeal dysphagia. Chest. 2006;129(1-suppl):154S-168S. 2. Charpiel G. Modified Barium Swallow versus FEES. SpeechPathology.com, 12/10/2007 3. Branstetter BF. Diagnostic imaging of the pharynx and esophagus. Chapter. 78 in Cummings Otolaryngology Head and Neck Surgery, 4th ed, Mosby 2005. pp: 1786 and 1795

Decision rationale: FEES is useful for diagnostic purposes to evaluate risk of aspiration with certain ingested material. This patient has no history of chronic cough or recurrent pneumonia. Specifics of his dysphagia are not well elucidated in provided history, but it does not appear that aspiration is an issue in this case. For general swallowing dysfunction modified barium swallow may be more useful. Therefore, this request is not medically necessary.