MAXIMUS Federal Services

Case Number:	CM14-0025394		
Date Assigned:	06/11/2014	Date of Injury:	01/01/2002
Decision Date:	08/29/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	02/27/2014

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 Internal Medicine and is licensed to practice in District of Columbia and Virginia. 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 injured worked is a 62-year-old famale who sustained an injury on January 1, 2002. She suffered from neck stiffness. [redacted] saw the patient on December 19, 2013 for swallowing difficulty following a cervical disc surgery in June 2013. It was recommended that the patient have barium swallow to ensure that there was no other esophageal pathology. A speech therapy consultation was also recommended for maintenance of good vocal hygiene.

IMR ISSUES, DECISIONS AND RATIONALES

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

BARIUM SWALLOW STUDY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7, Independent Medical Examination and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7.

Decision rationale: Per ACOEM, the occupational and psychosocial health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when a plan of course of care may benefit from additional expertise. Moroever, they function to aid in the diagnosis, prognosis, therapeutic management,

determination of medical stability, and permanent residual and/or the examinee's fitness for returning to work.

SPEECH THERAPY CONSULTATION, WITH 3 FOLLOW UP VISITS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7, Independent Medical Examination and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 7.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, the occupational and psychosocial health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when a plan of course of care may benefit from additional expertise. Moreover, they function to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual and/or the examinee's fitness for returning to work.