

Case Number:	CM15-0115291		
Date Assigned:	06/23/2015	Date of Injury:	03/20/2007
Decision Date:	07/28/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/15/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 53 year old male, who sustained an industrial injury on March 20, 2007. Treatment to date has included use of hearing aids and cervical arthrodesis. Currently, the injured worker complains of bilateral tinnitus. He report that he has been wearing hearing aids for six months which has improved his hearing. The injured worker reports that he had surgery to his cervical spine and since his surgery he has experienced choking spells and hoarseness with hyper secretions. He reports increasing hearing loss and change in voice. An examination of the throat and laryngoscopy revealed mobile vocal folds which met in the midline on pronation. He had a red arytenoid suggestive of gastroesophageal reflux disease and laryngopharyngeal reflux. His left ear had impacted wax and his right ear exhibited normal landmarks. The diagnoses associated with the request include dysphagia. The treatment plan includes eardrops with wax removal, videostroboscopy, allergy testing, and esophogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Allergy testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.aetna.com/cpb/medical/data/1_99/0038.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Spergel JM, et al. Allergy testing in eosinophilic esophagitis. Topic 16604, version 7.0. UpToDate, accessed 07/26/2015.

Decision rationale: Eosinophilic esophagitis is a condition that can sometimes mimic the symptoms of reflux disease. The MTUS Guidelines are silent on this issue. The literature and evidence-based guidelines suggest using skin prick testing and atopy patch testing to assess people with this condition for food allergies that could potentially cause dangerous reactions. These tests may also suggest triggers for the condition and help with managing other common conditions, such as a runny nose caused by allergies. The submitted and reviewed documentation indicated the worker was experiencing ringing in the ears with decreased hearing, choking spells, hoarseness, and increased secretions. The documented examination of the worker's throat using a tiny camera suggested the worker had signs of reflux disease. There was no discussion detailing the reason allergy testing was needed or describing special circumstances that sufficiently supported this request. Further, the request did not indicate the type of allergy testing or specify which substances were needed, which does not allow for the determination of medical need. For these reasons, the current request for unspecified allergy testing is not medically necessary.