

Case Number:	CM15-0063094		
Date Assigned:	04/08/2015	Date of Injury:	01/01/2002
Decision Date:	06/09/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/02/2015

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 63-year-old female, who sustained an industrial injury on 1/1/2002. She reported sharp pain in her back, which traveled, up to her neck and to her lower back. Diagnoses have included chronic strain/sprain of the lumbar spine with radiating sciatica, thoracolumbar strain/sprain and strain/sprain of the neck with intervertebral disc prolapses and moderate dysphagia. Treatment to date has included spine surgery physical therapy and chiropractic treatment. According to the orthopedic evaluation dated 1/19/2015, the injured worker complained of neck pain. She reported symptoms of neck stiffness. The injured worker was in mild distress secondary to pain. She was able to walk with mild difficulty using her cane. The cervical paraspinal muscles were moderately tender to palpation. It was noted that the medical doctor recommended endoscopy and the speech therapist had recommended dysphagia treatment for eight weeks. Authorization was requested for re-evaluation by ENT to follow up on swallow study, upper endoscopy and eight speech therapy sessions for dysphagia treatment and vocal hygiene.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech Therapy for Dysphagia Treatment and Vocal Hygiene (8-sessions, once a week for 8 weeks): Overturned

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 Fass R, et al. Overview of dysphagia in adults. Topic 2241, version 12.0. UpToDate, accessed 06/06/2015. Lembo AJ, et al. Oropharyngeal dysphagia: Clinical features, diagnosis, and management. Topic 2237, version 15.0. UpToDate, accessed 06/06/2015.

Decision rationale: Speech therapy is a type of rehabilitation treatment that can help improve some types of swallowing and speech problems. The MTUS Guidelines are silent on this specific issue. The submitted and reviewed documentation indicated the worker had ongoing problems swallowing and with speaking. A thorough speech pathologist report dated 07/15/2014 described these issues in detail. Speech therapy would be expected to improve these problems, which would likely improve the worker's quality of life. In light of this supportive evidence, the current request for eight sessions of speech therapy for dysphagia treatment and vocal hygiene is medically necessary.

Upper Endoscopy: Overturned

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 Greenwald DA, et al. Overview of upper gastrointestinal endoscopy (esophagogastroduodenoscopy). Topic 13928, version 17.0. UpToDate, accessed 06/02/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. An upper endoscopy or esophagogastroduodenoscopy (EGD) is a procedure that uses a camera to look inside the throat, stomach, and beginning of the small intestine. The literature supports the use of an EGD to evaluate upper abdominal symptoms associated with alarm symptoms, such as weight loss, and/or when they occur in people older than age 50 years. The submitted and reviewed documentation indicated the worker was experiencing ongoing abdominal upset, among other issues, despite treatment with medication. The worker was age 64 years, which is considered an alarm issue. In light of this supportive evidence, the current request for an upper endoscopy is medically necessary.