

Case Number:	CM15-0093927		
Date Assigned:	05/20/2015	Date of Injury:	02/02/2011
Decision Date:	06/24/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/15/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 2/02/2011. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical degenerative disc disease, cervical dysfunction, myofascial pain, and cervical herniation/bulge. Treatments to date include medication therapy, physical therapy, epidural steroid injection and trigger point injections. Currently, he complained of no change in symptoms. Historically complaints included pain in the neck and upper back and shoulder pain. On 4/16/15, the physical examination documented no changes from prior exams that documented muscle spasms in the parascapular and trapezius muscles. On the visit dated 4/16/15, the provider documented complaints of ongoing dysphagia issues. A previous Ear, Nose, Throat (ENT) consultation was helpful. The plan of care included a request to authorize a consultation with an ENT.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) consultation with an ENT specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and office visits - 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant had dysphagia issues. Pertinent history of review of systems was not provided. Prior ENT consultation was not provided to indicate necessity for follow-up. There is no mention of the dysphagia is mechanical, neurological or surgical in nature. Based on the information provided, the request for an ENT consultation is not medically necessary.