

<b>Case Number:</b>	CM13-0060200		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Family Practice and is licensed to practice in Tennessee, California 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 worker is a 58 year old male who initially reported injuries to upper extremities, as well as the neck and low back. The clinical note dated 11/22/13 indicates the injured worker having complaints of neck pain with associated cervicogenic headaches. There is an indication the injured worker has previously undergone a three level anterior cervical discectomy and fusion (ACDF) at C3 through C6 in March of 2013. The Agreed Medical Evaluation (AME) dated 11/12/13 indicates the injured worker stating he had sustained multiple sprains and injuries in his ankle, shoulders, neck, and back while working as a firefighter. There is an indication the injured worker had a fall approximately in year 2008 while fighting a large fire. The injured worker stated he had been left dangling from both arms and developed pain in both shoulders. The injured worker had undergone physical therapy and injections. There is an indication the injured worker did receive some benefit from the conservative treatments. There is also an indication the injured worker had a motor vehicle accident in 2011 with an airbag deployment. No loss of consciousness was reported; however, the injured worker did report feeling dazed. The injured worker was transported to the emergency room and discharged the same day. The injured worker did report an increase in discomfort subsequent to the motor vehicle accident. The injured worker then presented where he had complaints of neck and low back pain. The injured worker also reported numbness and tingling in the lower extremities. Subsequent MRIs revealed disc protrusions in the cervical region and facet hypertrophy in the lumbar region with a disc protrusion at the L4-5 level. The injured worker underwent extensive treatment addressing both the cervical and lumbar complaints to include injection therapy in both regions. The injured worker subsequently underwent an anterior cervical discectomy and fusion (ACDF) at C3 to C5 resulting in a slow recovery. The injured worker underwent a revision with a replacement of the hardware. The clinical note dated 10/28/13 indicates the injured worker undergoing an

evaluation to include a pharyngeal esophagram as well as an audiogram with a tympanogram, tinnitus matching, and a dizziness evaluation. The clinical note dated 10/30/13 indicates the injured worker complaining of an inability to fully swallow following the cervical spine surgery. The note indicates the injured worker undergoing a swallowing evaluation. The clinical note dated 06/24/13 indicates the injured worker complaining of shortened endurance as well as fatigue. The injured worker also had complaints of an increase in anxiety. The injured worker reported a choking episode with continued periods of choking. The injured worker reported no significant improvement with his swallowing. The injured worker also reported a worsening of his inability to swallow properly.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **TINNITUS MATCHING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS <http://www.ncbi.nlm.nih.gov/pubmed/23130542> Accuracy of tinnitus pitch matching using web-based protocol, Mahboubi H. Ziai K. Brunworth J, Djalilam HR.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Head Chapter, Audiometry.

**Decision rationale:** The documentation indicates the injured worker having sustained a significant neck injury resulting in a surgical intervention with a subsequent revision. No information was submitted regarding the injured worker's specific complaints of hearing difficulties or balance issues. Therefore, it is unclear if the injured worker would benefit from the requested procedure. Therefore, this request is not indicated as medically necessary.

#### **AUDIOGRAM WITH TYMPANOGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Cummings: Otolaryngology; Head & Neck Surgery, 4th ed., Chapter 152.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Head Chapter, Audiometry.

**Decision rationale:** The request for an audiogram with a tympanogram is not medically necessary under the Official Disability Guidelines (ODG). The injured worker has undergone a surgical procedure with a subsequent revision in the cervical region. However, no information was submitted regarding the injured worker's hearing or balance issues. Therefore, this request is not indicated as medically necessary.

**PHARYNGEAL ESOPHAGOGRAM WITH CONTRAST IN VIDEO WITH SPEECH  
PATHOLOGIST PRESENT: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS <http://www.ncbi.nlm.nih.gov/pubmed/18083069> Barium esophagography; a study for all seasons.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Head Chapter, Speech therapy (ST).

**Decision rationale:** The injured worker has been identified as having undergone an anterior cervical discectomy and fusion with a subsequent revision. The more recent clinical notes indicate the injured worker having difficulty swallowing. Additionally, the clinical notes indicate the injured worker showing an increase in anxiety secondary to the inability to fully swallow. Given the ongoing swallowing difficulty, it would be reasonable for the injured worker to undergo an esophagram under the direction of a speech pathologist. Therefore, this request is medically necessary.