

<b>Case Number:</b>	CM13-0062190		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/16/2003
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Otolaryngology and is licensed to practice in Texas. 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 physician 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 patient is a 68-year-old male who reported an injury on 04/16/2003. The mechanism of injury was a fall. The patient was diagnosed with status post C3-6 anterior cervical discectomy and fusion on 11/18/2008; neck pain; balance disorder; chronic narcotic tolerance; left knee medial meniscal tear; left knee strain/sprain; left knee arthroscopy and medial meniscectomy on 04/20/2012; symptoms involving the digestive system; dysphagia, unspecified; tinnitus, unspecified; and neck pain. The patient complained of postoperative dysphagia and coughing. The patient had odynophagia and had difficulty swallowing water. The patient underwent a video fluoroscopy that revealed some weakness on the left side of the pharynx but no aspiration noted. On 07/10/2013, the patient underwent an x-ray of the upper gastrointestinal system with air contrast with KUB (kidneys, ureters, and bladder) that revealed an unremarkable bowel gas pattern. The esophagus demonstrated no evidence of mass, stricture or inflammatory change. There was minimal disorganization of esophageal peristalsis with scatter tertiary contractions noted. The Barium tablet freely passed the esophagus. No aspiration was identified. There was trace reflux and no hiatal hernia. The duodenal bulb was unremarkable. The patient continued to complain of swallowing difficulty along with a ringing in the ears. The patient was started on Reglan and referred for a possible esophageal consultation with dilatation of the esophagus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Laryngoscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Otolaryngology Head and Neck Surgery, Clinical Indicators: Laryngoscopy/Nasopharyngoscopy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Physician Reviewer based his/her decision on J Neurosurg Spine. 2007 Aug;7(2):124-30. Dysphonia and dysphagia after anterior cervical decompression. Tervonen H et al; J Spinal Disord Tech. 2002 Oct;15(5):362-8. Swallowing and speech dysfunction in patients unde

**Decision rationale:** Neither the California MTUS nor the Official Disability Guidelines address the request. Research information stated that swallowing and speech dysfunction in patients undergoing anterior cervical discectomy and fusion: a prospective, objective preoperative and postoperative assessment. Vocal fold paresis can result in dysphagia and aspiration symptoms. The incidence of vocal fold paresis after spine surgery is between 1-3%. Early recognition can aid in management strategies that can prevent aspiration and further pulmonary complications. The patient continued to complain of difficulty swallowing along with tinnitus. Given the continued symptoms status post the laryngoscopy in 2008, the request for a repeat laryngoscopy is medically necessary.