

<b>Case Number:</b>	CM15-0043921		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	03/27/2000
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55-year-old male who sustained an industrial injury on 03/27/2000. The mechanism of injury is documented as a motor vehicle accident. The injured worker underwent lumbar and thoracic surgeries in 2003 and cervical laminectomy with instrumentation in 2004. He reports difficulty swallowing since cervical surgery. Treatment to date includes referral to ear nose and throat practice and endoscopy. Diagnosis was mild dysphonia and dysphagia. He presents on 12/23/2014 for evaluation of difficulty swallowing since cervical spine surgery. A transnasal video laryngoscopy was done showing pharyngeal weakness without obstruction. Recommendations were to follow up with speech team for dysphagia rehabilitation. Dynamic swallow study was done with recommendations to return to the clinic for speech language pathologist treatment recommendations. Recommendations were swallow exercises, safe swallow strategies and possible diet change (esophageal diet). The provider requested treatment of speech, language, voice, communication and/or auditory processing disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Treatment of speech, language, voice, communication, and/or auditory processing disorder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Head Procedure Summary, Criteria for Speech therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Head Chapter, speech therapy; Criteria for Speech Therapy.

**Decision rationale:** The patient presents with difficulty swallowing and speaking. The patient's date of injury is 03/27/00. Patient is status post anterior cervical spinal fusion in 2004, reports developing dysphagia following surgery. The request is for TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER. The RFA was not provided. Physical examination dated 12/23/14 reveals otherwise unremarkable physical exam and review of systems. The reason for the encounter is for endoscopy of the pharynx and larynx. Significant findings of this diagnostic include: "Vocal fold free edge: Mild polypoid degeneration of the vocal folds. Reinke's edema. Secondary to tobacco use." The patient's current medication regimen is not provided. Diagnostic imaging was not included. Patient is currently retired. MTUS does not mention speech therapy. ODG guidelines, under Head Chapter, recommends speech therapy. The Criteria for Speech Therapy are: A diagnosis of a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease. Clinically documented functional speech disorder resulting in an inability to perform at the previous functional level. Documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months. The level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist. Treatment beyond 30 visits requires authorization. In regard to what appears to be an initial consultation with a speech therapist, the request appears reasonable. There is no evidence that this patient has been evaluated by a speech therapist to date. This patient presents with dysphagia and difficulty speaking secondary to tobacco use and anterior cervical fusion surgery. Results from diagnostic endoscopy of the larynx show degenerative changes which could be contributing to this patient's dysphagia and speech complaint. The treater is justified in seeking consultation with a specialist in speech pathology, and such a consultation could produce significant benefits for this patient. Therefore, the request IS medically necessary.