

<b>Case Number:</b>	CM15-0065406		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	04/16/2004
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Emergency 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 4/16/2004. She reported a trip and fall, resulting in pain in her neck and arms. She was told she reinjured her previously injured neck (motor vehicle accident in 1994). The injured worker was diagnosed as having reflux disease, dysphagia from multiple cervical surgeries, and headaches from temporomandibular dysfunction and musculoskeletal spasm. Treatment to date has included surgery (C6-T1 fusion exploration and revision on 7/26/2013, C5-7 fusion in 1994, C4-T1 fusion revision in 2007, C3-7 hardware removal in 2012), physical therapy, and medications. A progress report, dated 6/13/2014, noted follow-up for pain in her neck, mid and low back, and left knee. She reported follow-up with her spinal surgeon and was told of separation of the muscle in her cervical scar. She also reported that she would be having additional tests, including a swallow study. She reported increasing muscle spasms in her neck, with a gurgling sound in her throat, and it felt like air got trapped in her throat. Currently per the Medical Legal Report (3/10/2015), the injured worker complains of difficulty swallowing and headaches. Cervical surgery on 10/09/2014 was noted to remove surgical wires. She had persistent intermittent difficulty with swallowing pills (noted as dramatically improved). Future medical included video swallowing studies. A reason for the currently requested video swallow study was not noted. Report from 3/12/2015 by Otolaryngology Specialist patient states that there is some difficulty swallowing with sensation of something stuck which often passes but occasionally will require spitting up food. Exam was normal with fiberoptic view with normal vocal cords with mild laryngeal erythema "from probable gastroesophagela reflux." Patient

reportedly swallowed water with no problems. Note mentions that cervical surgery is cause of denervation of pharyngeal structures exacerbated by acid reflux causing pharyngeal inflammation. Note mentions need for video swallowing study, swallowing therapy and treatment for acid reflux.

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

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

#### **Video Swallow, Esophagram: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Journal of Roentgenology: "Dysphagia Secondary to Anterior Cervical Fusion", page 768-775.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carucci LR, Lalani T, Rosen MP, Cash BD, Katz DS, Kim DH, Small WC, Smith MP, Yaghmai V, Yee J, Expert Panel on Gastrointestinal Imaging. ACR Appropriateness Criteria® dysphagia. [online publication]. Reston (VA): American College of Radiology (ACR); 2013. 10 p. [42 references].

**Decision rationale:** MTUS Chronic pain, ACOEM Guidelines and Official Disability Guidelines (ODG) do have any sections that relate to this topic. As per American College of Radiology, Expert Panel on Gastrointestinal Imaging, esophageal imaging such as video esophagram is recommended in patient with dysphagia and risk for aspiration. Patient has noted denervation of pharyngeal structures after cervical injury with documented signs of gastroesophageal reflux. Patient meets criteria for evaluation for aspiration risk and risk for aspiration pneumonia due to dysphagia. Video esophagram is medically necessary.