

<b>Case Number:</b>	CM13-0062080		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/08/1991
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/25/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 patient is a 64 year old male who was injured on 03/01/1995 who has had ongoing cognitive and emotional problems that are directly referable to his traumatic brain injury experienced in 1991. The patient was struck in the head by a boom and was knocked off the truck and regained consciousness several seconds later sitting on the ground.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAPHY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178,303. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK, ELECTROMYOGRAPHY (EMG); LOW BACK, ELECTRODIAGNOSTIC STUDIES (EDS)

**Decision rationale:** According to the guidelines, following a course of conservative therapy, an EMG study may be useful to obtain unequivocal evidence of radiculopathy. Electrodiagnostic studies made be indicated, prior to proceeding with MR imaging, when there are equivocal findings of nerve root compromise on examination. In the case of this patient, the special studies

have already been obtained, diagnostic studies including MRI of the cervical spine and lumbar spine were performed in September 2013. Furthermore, physical examination documents normal motor, sensory, and reflexes in the lower extremities, and there are also no abnormal findings of the upper extremities documented in the submitted records. The medical necessity of electromyography has not been established.

**MRI OF THE BRAIN: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)HEAD, MRI (MAGNETIC RESONANCE IMAGING)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)HEAD, MRI (MAGNETIC RESONANCE IMAGING)

**Decision rationale:** According to the Official Disability Guidelines, an MRI of the brain is recommended for the following reasons: to determine neurological deficits not explained by CT, evaluate prolonged interval of disturbed consciousness, or define evidence of acute changes super-imposed on previous trauma or disease. The patient's industrial injury dates back to 1995, there is no documentation of prior brain imaging, and no neurological deficits demonstrated on examination. The evidence based guidelines do not support the request for brain MRI. An MRI of the brain is not medically necessary.

**PHYSICAL THERAPY FOR THE BACK, TWELVE SESSIONS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** The patient has a remote industrial date of injury. In general, the guidelines suggest that a return to supervised physical therapy, for a brief course of treatment may be warranted to address an acute flare-up and/or provide instruction in a home exercise program. The medical records provided do not document the patient's history of treatment with regard to physical therapy. It is not indicated when the patient last attended physical therapy and his response to treatment rendered. There is no mention of the patient utilizing an HEP. Based on the patient reported complaints, a brief course of physical therapy, 3-4 sessions may be indicated. However, at this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. In the absence of details regarding the patient's prior treatment, presentation of an acute or new injury, with significant findings on examination, the medical necessity for 12 sessions of physical therapy to the lumbar spine has not been established in accordance with the guidelines.

**SPEECH THERAPY, 12 SESSIONS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HEAD, SPEECH THERAPY (ST)

**Decision rationale:** According to the ODG, Speech therapy (ST) is the treatment of communication impairment and swallowing disorders. Speech and language therapy is defined as therapy services, including diagnostic evaluation and therapeutic intervention, that are designed to improve, develop, correct, rehabilitate, or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. According to the Initial Consultation report dated 11/01/2013, the patient has labored speech from his previous tongue treatment. The medical records do not provide in adequately detailed history regarding this procedure, and post-procedural treatments rendered. Given the remote date of his industrial injury, it is reasonable that the patient would have undergone speech therapy previously. In the absence of adequately detailed medical history, the medical necessity of speech therapy has not been established at this time.

**SPEECH THERAPY FOLLOW-UP VISIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HEAD, SPEECH THERAPY (ST)

**Decision rationale:** The medical records submitted for review do not establish the patient is a candidate for speech therapy. As the medical necessity for speech therapy has not been established, the medical necessity of speech therapy follow-up is also not established.