

Case Number:	CM13-0064669		
Date Assigned:	01/03/2014	Date of Injury:	02/26/2012
Decision Date:	04/09/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine & 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 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 was injured on 02/26/2012 while at work reportedly a heavy bowling pin hit his head at a fast speed. Patient reportedly injured the upper right frontal lobe. Patient reports that he had never experienced headaches and now suffers from migraines since his head injury. In 2009 he had sustained a head injury when an actual bowling ball (16 pounds) rolled at high speed hitting his head (left frontal lobe). Diagnostic studies were not submitted for review.

Speech/Language/Cognitive/Functional progress summary dated 02/19/2013 documented the patient continuing to experience difficulty with short term memory, continues to suffer from headaches. His pain level is rated at 3/10. Assessment: Patient is speaking at the conversation level, discussing childhood experiences with his desire to protect himself with "bullying teens", with 80% prompt and accurate responses, 20% with processing delays (improved from 20% requiring self corrections). Speech/Language/Cognitive/Functional progress summary dated 06/24/2013 documents the patient appears distraught, significantly diminished abilities to focus/concentrate. Assessment: Patient reviewing graph level information and responding to questions about content; with 80% accuracy/ This is the same score (80%) that patient obtained on 05/08/2013, suggesting that patient's organizational abilities are negatively impacted by the high stress level that he is currently enduring with his financial crisis. Plan: Recommend continued therapy as patient demonstrates overall decline with cognitive/language abilities secondary to his stress related to discontinuation of Short Term Disability Benefits/Check.

Speech/Language/Cognitive/Functional progress summary dated 08/21/2013 documented the patient tangential this day, appears to be "racing with his thoughts/words". His pain level is rated at 3/10. Speech/Language/Cognitive/Functional progress summary dated 10/08/2013 documented the patient is concerned that he continues to experience difficulty with word finding, short term memory, has difficulty with organizational and multi-tasking abilities. Patient

completes extensive home program. He demonstrates continued improvement with cognition and linguistic abilities since he was first evaluated on 12/12/2013. Patient inconsistently attends newly formed support group meetings for individuals recovering from PCS, "Beyond the Fog". Assessment: Cognitive Capacity Screening Exam: Patient improved Total Correct Score from 87% (12/12) to 97% (4/5/13) but demonstrated decline of total score this day 93%. He perceives his increased pain levels are negatively impacting/ Patient's abilities for organizing functional information reviewing graph level information and responding to questions about content, with 90% accuracy. Speech/Language/Cognitive/Functional progress summary visit #30 dated 11/19/2013 documented the patient's pain level 2-3/10. Assessment: Graph level information responding to (decreased from 10/08/2013 visit 90%) questions with 80% prompt and accurate responses, 20% with errors. Plan: Continue Individual Speech, Language, Cognitive, Functional Communication Therapy, continue treatment in two weeks, plan for that to potentially be last session. Patient Goal: Improve short term memory abilities, improve multi-tasking. Diagnosis: Post-concussion syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for retro review for 24 speech therapy visits: 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, Cognitive Therapy

Decision rationale: According to the ODG, speech therapy is recommended when the following criteria are met: - 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 The medical records indicate the patient began outpatient SLC therapy treatment on 12/12/2012 and was diagnosed with Post Concussion Syndrome (Post Concussion Syndrome is now called Major or Mild Neurocognitive Disorder Due to Traumatic Brain Injury (per ODG, Head, PCS) and MCI with memory loss. There is no indication that the patient had a diagnosis of a speech, hearing or language disorder as a result of the injury. Further, as of 11/19/2013, the patient had received his 30th SLC therapy visit and the overall improvement expectations were not met. The patient maintained scores of roughly 80% throughout the therapy program. As the patient's therapy also included cognitive therapy, the cognitive therapy section of the ODG also was utilized in this review. According to the ODG, cognitive behavioral psychotherapy and cognitive remediation appear to diminish psychological distress and improve cognitive functioning among persons with traumatic brain injury (TBI). ODG Psychotherapy Guidelines state the following is recommended: -An initial trial of 6 visits

over 6 weeks - With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions) The patient has already had a total of 30 visits without any significant objective functional improvements. The medical necessity for this treatment has not been established.