

<b>Case Number:</b>	CM13-0071061		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/18/2011
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Psychiatry 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 48-year-old male who has filed a claim for post-concussion syndrome associated with an industrial injury date of January 18, 2011. Review of progress notes reports depressive symptoms, cognitive problems, and personality changes secondary to the injury. The patient experiences headaches, dizziness, balance problems, concentration difficulties, multitasking difficulties, decreased short-term memory, fatigue, slurring of words, and word finding difficulties. Treatment to date has included cognitive behavioral therapy, art therapy, vestibular therapy, and antidepressant medications. Utilization review from December 04, 2013 modified authorization for speech therapy for 6 initial visits (two weeks with three visits per week), and denied the request for speech therapy 2x a week as the patient will need to show improvement during the initial sessions to justify any additional speech therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SPEECH THERAPY #36:** 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 CHAPTER, SPEECH THERAPY (ST)

**Decision rationale:** The CA MTUS does not address this topic. ODG was used instead. According to ODG, speech and language therapy includes diagnostic evaluation and therapeutic intervention designed to improve, develop, 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, or injuries. Criteria include a diagnosis of speech, hearing, or language disorder resulting from injury or medical disease; and clinically documented functional speech disorder resulting in an inability to perform at the previous functional level. The measurable improvement is anticipated in 4 to 6 months, and treatment beyond 30 visits requires authorization. The patient experiences difficulty writing a note, typing a message, watching television, using a telephone, and speaking clearly. There is previous authorization for 6 speech therapy sessions. However, there is no documentation regarding these sessions or any significant speech and language improvements derived to support continued speech therapy in this patient. Therefore, the request for speech therapy #36 was not medically necessary per the guideline recommendations of ODG.

**SPEECH THERAPY 2X WEEK:** 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 CHAPTER, SPEECH THERAPY (ST)

**Decision rationale:** According to ODG, speech and language therapy includes diagnostic evaluation and therapeutic intervention designed to improve, develop, 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, or injuries. Criteria include a diagnosis of speech, hearing, or language disorder resulting from injury or medical disease; and clinically documented functional speech disorder resulting in an inability to perform at the previous functional level. The measurable improvement is anticipated in 4 to 6 months, and treatment beyond 30 visits requires authorization. The patient experiences difficulty writing a note, typing a message, watching television, using a telephone, and speaking clearly. There is previous authorization for 6 speech therapy sessions. However, there is no documentation regarding these sessions or any significant speech and language improvements derived to support continued speech therapy in this patient. Therefore, the request for speech therapy 2x a week was not medically necessary per the guideline recommendations of ODG.