

<b>Case Number:</b>	CM14-0013157		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Occupational Medicine 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 38-year-old female who has submitted a claim for Post-Concussive Syndrome, Vertigo, Retrograde Amnesia, Wernicke's Aphasia, and Insomnia associated with an industrial injury date of April 19, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of headaches, vertigo, stuttering, memory issues, reading problems, concentration problems, insomnia, fatigue, and anxiety. On physical examination, the patient was obese with a BMI of 41.05. She had word-finding difficulties and an apraxic speech. Examination of the ears revealed no ear asymmetry. Mental status examination revealed that the patient was oriented to time, place, and person. Mood was appropriate. Coordination and proprioception testing was grossly normal. Treatment to date has included medications, physical therapy for vertigo, and an unknown number of speech therapy sessions. Utilization review from January 31, 2014 denied the request for referral to ENT for inner ear evaluation and sleep study because the records noted that the patient was sleeping better with Trazodone and speech therapy because there was no specific speech deficits noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFERRAL TO ENT FOR INNER EAR EVALUATION:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, 2ND EDITION, 2004, PAGE 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127, 156.

**Decision rationale:** According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, referral to an ENT was requested for inner ear evaluation to address the patient's vertigo problems. The records showed that the patient was undergoing physical therapy for vertigo but symptoms persist. Hence, evaluation by an ENT will likely provide benefit in the patient's course of care. A clear rationale was provided for an ENT referral therefore, the request for referral to ENT for inner ear evaluation is medically necessary.

**SPEECH THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG HEAD (UPDATED 11/18/13) - SPEECH THERAPY (ST) - CRITERIA FOR SPEECH THERAPY.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Speech/Language Therapy. (2006). In CIGNA Healthcare Coverage Position. Retrieved from:

[https://my.cigna.com/teamsite/health/provider/medical/procedural/coverage\\_positions/medical/mm\\_0177\\_coveragepositioncriteria\\_speech\\_therapy.pdf](https://my.cigna.com/teamsite/health/provider/medical/procedural/coverage_positions/medical/mm_0177_coveragepositioncriteria_speech_therapy.pdf)

**Decision rationale:** CA MTUS does not specifically address speech therapy. Per the Strength of Evidence, hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and CIGNA was used instead. CIGNA states that speech therapy is medically necessary when a medically determined, severe functional impairment of speech exists, as measured by age-appropriate standardized tests and when all of the following criteria are met, (1) An evaluation has been completed by a certified speech-language pathologist, (2) The therapy requires the one-to-one intervention and supervision of a speech-language pathologist, (3) The therapy plan includes specific tests and measures that will be used to document significant progress every two weeks, (4) Meaningful improvement is expected from therapy, and (5) The treatment includes a transition from one-to-one supervision to a patient maintenance of caregiver level upon discharge. In this case, the records showed that the patient already underwent an unknown number of speech therapy sessions. However, there was no documentation of functional improvement with previous therapy. A specific therapy plan with clearly defined functional goals was not stated in the records. In addition, the present request failed to specify the duration of speech therapy. The request is incomplete, there is no clear

indication for continued speech therapy therefore, the request for speech therapy is not medically necessary.

**SLEEP STUDY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG PAIN (UPDATED 01/07/14) - POLYSOMNOGRAPHY - CRITERIA FOR POLYSOMNOGRAPHY.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Polysomnography.

**Decision rationale:** CA MTUS does not specifically address polysomnography. Per the Strength of Evidence, hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that criteria for polysomnography include, (1) Excessive daytime somnolence, (2) Cataplexy, (3) Morning headache (other causes have been ruled out), (4) Intellectual deterioration, (5) Personality change, (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected and (7) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In this case, the request for sleep study was made to determine if the patient's insomnia is from obstructive sleep apnea. However, aside from insomnia and headache, none of the aforementioned signs and symptoms was found in the patient. The records also failed to qualify and quantify the patient's insomnia complaints. There was also no discussion regarding unresponsiveness to behavior intervention and exclusion of a psychiatric etiology. The records also stated that the patient was responding to sleep-promoting medications. The criteria were not met therefore, the request for Sleep Study is not medically necessary.