

Case Number:	CM14-0130417		
Date Assigned:	08/20/2014	Date of Injury:	11/03/2011
Decision Date:	09/19/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 55 years old male with an injury date on 11/03/2011. Based on the 07/14/2014 progress report provided by [REDACTED], the diagnoses are: 1. Low back pain radiating to left leg. 2. Neck pain. 3. Cervical spine stenosis. 4. Lumbar DDD. 5. Chronic pain syndrome. According to this report, the patient complains of aching neck pain, back pain buttocks. The patient also complains of memory loss. The pain is aggravated with sitting, standing, walking, bending, lifting and laying down. Pain is better with medications, sitting, standing laying down, injections, heat, ice, and physical therapy. The patient rated the pain as a 4/10 with medication. MRI of the brain on 06/13/2013 reveals chronic hydrocephalus with prominent dilation of the third and lateral ventricles. Questionable old displaced fracture of the right inferior ramus versus differences in positioning. There were no other significant findings noted on this report. The utilization review denied the request on 07/24/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/07/2014 to 07/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech therapist consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127; Official Disability Guidelines, Head Chapter: Speech Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

Decision rationale: According to the 07/14/2014 report by [REDACTED] this patient presents with aching neck pain, back pain buttocks. The patient also complains of memory loss. The physician is requesting a speech therapist consultation. Regarding consultations, ACOEM states that the occupational 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, the patient continues to experience chronic pain, memory loss and had chronic hydrocephalus. This request appears reasonable and medically necessary.