MAXIMUS Federal Services

Case Number:	CM14-0171473		
Date Assigned:	10/23/2014	Date of Injury:	09/01/2009
Decision Date:	11/26/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/16/2014

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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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 injured worker is a 63-year-old male who reported an injury on 09/01/2009 due to an unknown mechanism. Diagnoses were cervical spinal stenosis, C5-6, cervical disc degeneration and stenosis C6-7, and status post C5-7 anterior cervical discectomy and fusion. The physical examination dated 09/02/2014 revealed that the injured worker was 5.5 months status post C5-7 anterior cervical discectomy and fusion. The injured worker continued to complain of limited range of motion. There were also complaints of difficulty swallowing. It was reported that the injured worker had missed another appointment for the swallow evaluation and barium study. Medications were Cymbalta, Benazepril, Omeprazole, Neurontin, Ambien, Percocet, and Soma. It was reported that the injured worker had some limited range of motion; however, he can drive on his own at this time. It was also reported that the injured worker was to proceed with a barium swallow study and follow-up. The rationale and Request for Authorization form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Oropharyngeal Dysphagia after Anterior Cervical Spine Surgery : A Review. Anderson KK Arnold PM Global Spine J 2013 Dec. 3 (4): 273-86

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

Decision rationale: The decision for speech therapy is not medically necessary. The Official Disability Guidelines state criteria for speech therapy are: a diagnosis of a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease. There should be clinically documented functional speech disorder resulting in an inability to perform at the previous functional level. There should be documentation that supports an expectation by the prescribing physician that measurable improvement is anticipated in 4 to 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 Official Disability Guidelines state that the criteria for speech therapy are: a diagnosis of a speech, hearing, or language disorder resulting from injury. The injured worker does not have a diagnosis of any type of speech, hearing, or language disorder. It was not reported that the injured worker had a clinically functional speech disorder that resulted in an inability to perform at the previous function level. The clinical documentation submitted for review does not meet the criteria set forth by the medical guidelines for speech therapy. Furthermore, the request does not indicate how many visits of speech therapy for the injured worker. Therefore, this request is not medically necessary.