

<b>Case Number:</b>	CM14-0176718		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	09/07/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 35-year-old male who has submitted a claim for head contusion, headache, cervical discopathy, thoracic myofasciitis, and lumbar myofasciitis associated with an industrial injury date of 9/7/2013. Medical records from 2014 were reviewed. The patient complained of lack of concentration, slurring of speech, headache, neck pain, and back pain. Physical examination showed a pleasant and cooperative patient. He manifested with slight ataxia. Patient was alert and oriented. He struggled to give a complete answer. Examination of the cervical spine and lumbar spine showed tenderness. Both Spurling's test and Kemp's test were positive bilaterally. Treatment to date has included physical therapy and medications. Current treatment plan includes speech therapy, electroencephalogram, and blood tests. The utilization review from 9/26/2014 denied the request for speech therapy because of no clear indication for the request.

### 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 Official Disability Guidelines (ODG), Head, Speech Therapy

**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. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines 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. In this case, the patient complained of lack of concentration, slurring of speech, headache, neck pain, and back pain. Physical examination showed a pleasant and cooperative patient. He manifested with slight ataxia. Patient was alert and oriented. He struggled to give a complete answer. Current treatment plan includes speech therapy, electroencephalogram, and blood tests. However, there is lack of documentation to support the request. It was cited that a neurologist saw the patient, however, no neurology report was found on the records submitted. There was likewise a note concerning cranial MRI; results were not submitted for review. There was no documented working impression concerning speech disorder. Lastly, the present request as submitted failed to include number of intended therapy sessions. Therefore, the request for speech therapy was not medically necessary.