

<b>Case Number:</b>	CM14-0027608		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/23/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 43 year old employee with date of injury of June 23, 2013. Medical records indicate the patient is undergoing treatment for Post-Concussion Disorder and Aphasia. Subjective complaints include headaches with increased agitation; immediate and especially delayed memory deficits; difficulty maintaining train of thought; difficulty with multitasking; naming deficits and episodic problems maintaining balance and gait. Objective findings include: Post-traumatic stress disorder; chronic pain disorder; acute disorder and cognitive disorder. Hamilton Scale consistent with mood liability and rumination. Tests administered: Brief Test for Attention; Alzheimer's Quick Test; Woodcock Language Proficiency Test; Jordan Executive Function for Adults; Functional Assessment for Verbal Reasoning and Executive Strategies. Treatment for his post-concussion and aphasia has consisted of physical therapy, cognitive behavioral therapy, speech therapy, acupuncture, trial of H-Wave Therapy. The utilization review determination was rendered on 2/21/14 recommending non-certification of Speech and Memory Therapy and Acupuncture sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPEECH/MEMORY THERAPY:** 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, Speech Therapy, Cognitive Therapy.

**Decision rationale:** Post-Concussion Syndrome is now called Major or Mild Neurocognitive Disorder Due to Traumatic Brain Injury (per ODG, Head, PCS). According to the ODG, speech therapy is recommended when the following criteria are met: 1) A diagnosis of a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease. 2) Clinically documented functional speech disorder resulting in an inability to perform at the previous functional level. 3) Documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months. 4) The level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist. 5) Treatment beyond 30 visits requires authorization. The medical records indicate the patient began outpatient SLC therapy treatment on 11/21/13 and was diagnosed with post-concussion syndrome and aphasia. At that time, the speech therapist recommended 2 visits a week for 15 weeks with follow up home exercise program. A prior utilization review dated 8/28/13 approved 12 cognitive behavioral therapy sessions. According to the ODG, cognitive behavioral psychotherapy and cognitive remediation appear to diminish psychologic distress and improve cognitive functioning among persons with traumatic brain injury (TBI). ODG Psychotherapy Guidelines state the following is recommended:-An initial trial of 6 visits over 6 weeks- With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions). The 2/3/14 report does not document functional improvement from already received speech and memory therapy. As such, the request for speech/memory therapy is not medically necessary.

**ACUPUNCTURE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** MTUS "Acupuncture Medical Treatment Guidelines" clearly states that "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." There was a note dated 9/11/13 that noted physical therapy and acupuncture decreased pain and increased range of motion. The note from 9/11/13 did not document the patient's increase or decrease in pain medication. The 2/3/14 report does not adequately document decreased pain and functional improvement from already received acupuncture treatment. As such, the request for acupuncture is not medically necessary.