MAXIMUS Federal Services

Case Number:	CM14-0036548		
Date Assigned:	06/25/2014	Date of Injury:	10/11/2010
Decision Date:	08/14/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/25/2014

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 Surgery 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 records, presented for review, indicate that this 42-year-old female was reportedly injured on 10/11/2010. The mechanism of injury was noted as a head injury. The most recent progress notes dated 1/28/2014 and 2/21/2014, indicated that there were ongoing complaints of poor memory, headaches, vertigo, anxiety, irritability and depression. A physical examination demonstrated orientation to person, place, problem and time with appropriate mood and affect, intact cranial nerve examination, normal motor exam and normal gait and station. The patient's diagnoses were post concussion syndrome, labyrinthine dysfunction and depression. Previous treatment included Botox injections, acupuncture, vestibular rehabilitation physical therapy, and medications to include ibuprofen, Lexapro, Replax, Klonopin, Topamax and Gabapentin. A request was made for 12 speech therapy visits and was not certified in the utilization review on 2/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech Therapy 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT), Guidelines for Chronic Pain.

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

Treatment/Disability, Duration Guidelines; Head - (trauma, headaches, etc., not including stress & mental disorders) - Speech Therapy (ST).

Decision rationale: The MTUS guidelines do not address speech therapy. The Official Disability Guidelines (ODG), support speech therapy in the treatment of communication impairment and swallowing disorders. A review of the available medical records failed to document any criteria to necessitate a referral to speech therapy. As such, the request is not medically necessary.