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| <b>Case Number:</b>   | CM14-0036859 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 08/20/2010 |
| <b>Decision Date:</b> | 08/12/2014   | <b>UR Denial Date:</b>       | 03/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/26/2014 |

### 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 Emergency Medicine and is licensed to practice in Nevada. 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 has a reported date of injury on 8/20/2010. The mechanism of injury is claimed to be a trip and fall onto the head. The patient has a diagnosis of lumbar pain, post-concussion syndrome, cervical spine injury with myelopathy and post fusion instability, sensory changes and acute cerebral incident/intraoperative. The patient had reported cervical spine surgery on 5/2011. During the surgery, patient suffered from a stroke-like event leading to speech impairment and aphasia. The medical records were reviewed. The last report available was dated 5/13/14. The patient has complaints of needles and pins sensation throughout body with numbness which is continuous. Medications have resolved such symptoms. The patient has occasional hand and arm numbness, neck and shoulder pains, along with headaches. An objective exam reveals dysphasic-like speech and brisk, abnormal partial apraxic gait. The cervical spine range of motion is decreased with pain. The shoulder range of motion was 20% of normal. Tenderness was noted over medial trapezial musculature. Also noted was a mild speech disorder and mild R facial palsy. An X-ray of the neck (unknown date) reportedly shows unstable cervical fusion. The current medications are Norco, Lyrica, Cymbalta, Amitriptyline, Lisinopril, Simvastatin and Adderall. The patient has undergone physical therapy, chiropractic and acupuncture. The patient is scheduled for a revision of cervical fusion on 6/17/14. The Independent Medical Review is for speech therapy (unspecified frequency and duration), a cervical pillow for the spine, a bed wedge and transportation to and from appointments (unspecified duration). The prior Utilization Review on 3/21/14 approved the request for a cane, batteries and pads for a Transcutaneous Electrical Nerve Stimulation (TENS) unit and modified transportation to appointments for 3months. It denied request for speech therapy, a cervical pillow and bed wedge.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Speech Therapy (unspecified frequency and duration): 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(ST).

**Decision rationale:** The number of Speech Therapy sessions was not provided in review of a multitude of notes and prescriptions from primary treating orthopedic surgeon and neuropsychiatrist/neurologist. The Neurologist notes the patient will benefit from ongoing therapy due to residual ataxic speech. Notes from 3/25/14 report that the patient had speech therapy after the stroke and had improvements on the note dated 4/2012. However, the patient has not had any reported speech therapy since 4/2013. The California MTUS Chronic pain and ACOEM guidelines do not have applicable sections related to this issue. The Official Disability Guidelines (ODG) recommends Speech Therapy (ST) under certain criteria: 1) Diagnosis of a speech disorder from injury, trauma or medical illness: Meets criteria; 2) Clinically documented functional speech disorder resulting in inability to function at previous level: Meets criteria; 3) Documentation supports an expectation by prescribing physician that measurable improvement is anticipated within 6months: Does not meet criteria. Despite multiple notes from the recommending neurologist and treating physician, there is no goal or documented expected improvement of patient's symptoms that has been ongoing since 5/2011. There is also not documented objective improvement from prior ST Sessions; 4) The level of service can only be rendered by a speech therapist: Meets criteria. 5) Treatment beyond 30visits requires authorization: Does not meet criteria. There is no documentation of number of requested sessions or services needed. The request for Speech Therapy is incomplete with no proper documentation needed to recommend the service. The requesting neurologist and treating physician need to determine the appropriate number of ST sessions and appropriate goal of therapy. Therefore, Speech therapy is not medically necessary.

**Cervical pillow for spine: Overturned**

**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) Neck and Upper Back, Pillows.

**Decision rationale:** The Notes state that a cervical pillow was ordered for neck pain to maintain proper alignment. The MTUS Chronic pain and American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines do not have applicable sections related to this issue. The Official Disability Guide (ODG) recommends neck support pillow in

conjunction with exercise. The patient is reportedly doing home exercise and has completed neck physical therapy. Pain may improve with the requested pillow. Therefore, the Cervical Pillow for the spine is medically necessary.

**Bed wedge:** 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) Low back-Thoracic and Lumbar, Mattress Selection.

**Decision rationale:** According to the reports, a bed wedge was ordered for sleep due to back pains. The MTUS Chronic pain and ACOEM guidelines do not have applicable sections related to this issue. The Official Disability Guide(ODG) do not recommend any specific mattress, cushioning or bedding since there is no good evidence to support any specific type. Most election appears to be due to personal preference. Such as, a bed wedge is not medically necessary.

**Transportation to and from appointments (unspecified duration):** 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 Other Medical Treatment Guideline or Medical Evidence: None.

**Decision rationale:** The notes mention that the patient has a hard time driving due to dizziness and pain, and needs transportation to and from her appointments (round trip is over 100miles). There is no evidence based or medical based guidelines available to make a determination this request. The patient does not have any criteria needing ambulance transport that has basic standardized medical guidelines to determine medical necessity. The patient requires paratransit transport. This is not a medical issue but an insurance issue and should be tackled by patient's paratransit needs as per worker's compensation plan and coverage. Records state the patient had a 3month approval for transportation. Such as, the request for transportation is not medical necessary.