

Case Number:	CM14-0037398		
Date Assigned:	06/25/2014	Date of Injury:	01/17/2013
Decision Date:	08/15/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	03/28/2014

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 Physical Medicine & Rehabilitation 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 records presented for review indicate that this 34-year-old female was reportedly injured on May 12, 2007. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated on June 17, 2014 indicates that there are ongoing complaints of low back pain and right lower extremity pain. The physical examination demonstrated a positive right-sided straight leg raise test. There was a diagnosis of low back pain with a lumbar radiculopathy and sleep apnea. Zanaflex dosing was reduced and Gabapentin was discontinued. There were future plans for a prescription of Lyrica. There was also a recent independent medical examination performed on May 3, 2014. In the exam the injured employee complained of continued low back pain and continued dependency on opiate analgesics for pain management. The injured employee also complained of difficulty sleeping. Current medications include Metformin, Lisinopril, Pravastatin, Fish oil, Calcium, Gabapentin, Prilosec, Prozac, Cymbalta, Morphine, Dilaudid, Tizanidine, Senna, and Ambien. There was a normal limited physical examination and a diagnosis of sleep disorder with obstructive sleep apnea and arousal disorder, iatrogenic effects of medication, and diabetes mellitus. Diagnostic imaging studies reported mild disc desiccation at L3-L4 and L4-L5 without significant canal or neural foraminal stenosis. A request had been made for speech and hearing therapy and was not certified in the pre-authorization process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech/hearing therapy; 8 speech therapy visits for contusion: 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 Chapter, Criteria for 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, June 9, 2014.

Decision rationale: According to the Official Disability Guidelines the criteria for a speech therapy referral includes a diagnosis of speech, hearing, or language disorder from an injury, trauma, or medical illness as well as an inability to perform at the previous functional level. A review of the most recent medical records does not indicate that the injured employee has any speech or hearing difficulties and there was a normal physical examination regarding these issues. Without further justification this request for speech/hearing therapy for eight visits is not medically necessary.