

<b>Case Number:</b>	CM14-0048054		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/21/2013
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 applicant is a [REDACTED] employee who has filed a claim for chronic neck pain, back pain, and posttraumatic headaches reportedly associated with an industrial injury of October 21, 2013. Thus far, the applicant has been treated with analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; a reported diagnosis of depression and post-concussion syndrome; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated April 4, 2014, the claims administrator denied a request for eight sessions of speech therapy, stating that the applicant did not have any clear evidence of a bona fide speech disorder. In a January 13, 2014 progress note, the applicant apparently presented with issues associated with headaches, difficulty sleeping, and difficulty with performance of various tasks, apparently those including word processing. The applicant stated that she had issues with poor memory. The applicant stated that she was late because she got lost en route to the visit. Chiropractic manipulative therapy was sought. In a February 18, 2014 office visit, the applicant was described as using Prilosec, Tylenol, and Albuterol. The applicant presented with a presenting complaint of impaired cognition, post-traumatic, with ancillary complaints of neck pain, headaches, and neck muscle issues. The applicant was appropriately alert and oriented to person, place, and time, it was stated. The applicant exhibited a normal motor exam with limited range of motion about the cervical spine. Cranial nerve testing was within normal limits. The applicant still stated that she was having issues with irritability, getting lost, mood disturbance, and cognitive "misfires." The applicant was placed off of work, on total temporary disability. Physical therapy and speech therapy were apparently sought, along with a neuropsychological evaluation. In a neuropsychological evaluation dated February 27, 2014, the applicant was given diagnoses of post-concussion syndrome, adjustment disorder, mixed anxiety disorder, and depressed mood. The applicant was

asked to obtain eight sessions of cognitive therapy and obtain assistance from a speech therapist to help address difficulties with organization of writing, spelling, and word-retrieval issues.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Speech Therapy Eight Sessions: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.

**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.

**Decision rationale:** The MTUS does not address the topic of speech therapy. However, as noted in the ODG Head Chapter Speech Therapy, speech therapy is recommended in applicants who have a diagnosis of speech, hearing, or language disorder resulting from injury or trauma or medically-based illness or disease. In this case, the applicant's treating provider has posited that the applicant does have speech and language processing disorder associated with a traumatic insult. The applicant is apparently off of work and is unable to sustain activities at her former level of function. Speech therapy may be a valuable adjunct to other treatments, including psychological counseling, here. Therefore, the request is medically necessary.