MAXIMUS Federal Services

Case Number:	CM14-0097594		
Date Assigned:	07/28/2014	Date of Injury:	03/29/1995
Decision Date:	09/26/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/25/2014

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 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 represented [redacted] employee who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of March 1, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar fusion surgery; earlier shoulder arthroscopy; unspecified amounts of physical therapy; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated June 6, 2014, the claims administrator denied a request for a referral to a speech therapist. The claims administrator invoked non-MTUS Chapter 7 ACOEM Guidelines, which it mislabeled as originating from the MTUS and also invoked non-MTUS ODG Guidelines. On July 28, 2014, the applicant was described as having multifocal pain complaints. The applicant was placed off of work, on total temporary disability, while the attending provider sought authorization for a walk-in bathtub for the applicant's home usage. On May 19, 2014, the attending provider sought authorization for a replacement bed and bedcover for the applicant. There was no mention of any speech issues on this date.On June 30, 2014, the applicant was again described as having multifocal neck, shoulder, and low back pain. The applicant was using morphine and was again placed off of work. There was no mention of any speech issues on this date. On April 16, 2014, the applicant was asked to consult an otolaryngologist for an unspecified purpose. The applicant was pursuing a breast reduction surgery. On an earlier note of February 19, 2014, the attending provider did incidentally note that the applicant had issues with voice changes and was unable to sing. The applicant also complained that certain individuals were unable to recognize her voice following the December 2012 cervical spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech Therapy: Overturned

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, Speech Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate when an attending provider is uncomfortable with treating a particular cause of delayed recovery. In this case, the applicant's primary treating provider is a physiatrist/chronic pain specialist who may, in fact, be uncomfortable addressing issues associated with voice alteration. Obtaining the added expertise of a medical provider who is better-equipped to evaluate and address such issues, such as a speech therapist, is therefore indicated. Accordingly, the request is medically necessary.