

Case Number:	CM14-0195836		
Date Assigned:	12/03/2014	Date of Injury:	09/07/2013
Decision Date:	01/21/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/21/2014

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 New York. 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 is a 35-year-old male who was injured on September 7, 2013. The patient continued to experience headaches, neck pain, and slurred speech. Physical examination was notable for intact cranial nerves, tenderness to the cervical spine, motor strength 4/5 in all motor groups of the bilateral upper extremities, diminished sensation over C5, C6, C7, C8 and T1 bilaterally. Diagnoses included headaches, concussion syndrome, and cervical spine sprain/strain. Treatment included medications, chiropractic therapy, physical therapy. Request for authorization for speech therapist was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech Therapist: Upheld

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

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: Speech therapy is indicated for the following criteria: - A diagnosis of a speech, hearing, or language disorder results from injury, trauma, or a medically based illness or

disease.- Clinically documented functional speech disorder resulting in an inability to perform at the previous functional level.- Documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months.- The level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist. In this case the patient complains of slurred speech. Documentation in the medical record does not support that the patient has slurred speech. On one occasion it is documented that the patient struggles to answer a question, but there is no documentation that the words are not clear or that the patient stutters. Medical necessity has not been established.