

Case Number:	CM15-0023350		
Date Assigned:	02/13/2015	Date of Injury:	11/03/2011
Decision Date:	04/06/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 56-year-old male who reported an injury on 11/03/2011. The mechanism of injury was not specifically stated. The current diagnoses include low back pain, lumbar radicular pain, myofascial pain, neck pain, cervical spine stenosis, lumbar degenerative disc disease, chronic pain syndrome, and right testicular hydrocele. The injured worker presented on 01/02/2015 for a follow up evaluation regarding neck and low back pain. The injured worker reported an improvement in symptoms with the use of the current medication regimen. Upon examination, there was an antalgic gait, 5/5 bilateral upper extremity strength, intact sensation, 1+ deep tendon reflexes, tenderness over the cervical paraspinals, tenderness over the cervical facet joints, and restricted range of motion of the cervical spine in all planes. Recommendations at that time included a urology consultation, 12 followup appointments with speech therapy, and a surgical consultation. The injured worker was also instructed to continue with the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of speech therapy: 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), Stress/Mental Chapter, Speech Therapy (ST).

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 Official Disability Guidelines recommend speech therapy when there is a diagnosis of speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease. Treatment beyond 30 visits requires authorization. In this case, it was noted that the injured worker had been previously authorized for a course of speech therapy. The total number of authorized sessions is currently unknown. There is also insufficient documentation of the medical necessity for speech therapy. The injured worker does not maintain a diagnosis of a speech, hearing, or language disorder. There is no clinical documentation of a functional speech disorder. Given the above, the request is not medically appropriate at this time.