

Case Number:	CM15-0211681		
Date Assigned:	11/24/2015	Date of Injury:	06/20/2014
Decision Date:	12/31/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/27/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 was a 56 year old male, who sustained an industrial injury on June 20, 2014. The injured worker was undergoing treatment for cervicalgia, post-concussion syndrome, language impairment, cognitive impairment, mood impairment and balance impairment, cervical strain with cervical disc disease. According to progress note of September 18, 2015, the injured worker's chief complaint was ringing in the ears. The injured worker rated the cervical pain at 5 out of 10, in severity at this visit. One of the treating physicians' reported there were no obvious neurological deficits. There was some C5-C6 stenosis that did not require surgical intervention. The physician suggested acupuncture due to the muscle spasms. The physical exam noted normal strength, sensation and reflexes of the upper and lower extremities. The recommendation was to continue speech therapy. According to the progress noted the injured worker had had acupuncture in the past and was interested in further treatments. The injured worker previously received the following treatments physiotherapy 50 sessions for the cervical spine, Cymbalta for depression, acupuncture, Naproxen, right C5-C6 epidural steroid injection under fluoroscopy and cervical spine MRI. The RFA (request for authorization) dated September 18, 2015; the following treatments were requested additional 36 outpatient speech therapy sessions. The UR (utilization review board) denied certification on October 15, 2015; for 36 outpatient speech therapy sessions, which was modified to 15 outpatient speech therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

36 Outpatient speech therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 (ST) Section.

Decision rationale: The MTUS guidelines do not address the use of speech therapy, therefore, alternative guidelines were consulted. Per the ODG, speech therapy is recommended as indicated below. Speech therapy (ST) is the treatment of communication impairment and swallowing disorders. Speech and language therapy is defined as therapy services, including diagnostic evaluation and therapeutic intervention, that are designed to improve, develop, correct, rehabilitate, or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Speech and language disorders are those that affect articulation of speech, sounds, fluency, voice, swallowing (regardless of the presence of a communication disability), and those that impair comprehension, or spoken, written, or other systems used for communication. Criteria for speech therapy includes: A diagnosis of a speech, hearing, or language disorder resulting 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. The guidelines recommend 30 visits without additional authorization. In this case, the injured worker is diagnosed with post-concussion syndrome, language impairment and cognitive impairment and speech therapy is warranted. However, this request for 36 visits exceeds the recommendations of the guidelines. The request for 36 outpatient speech therapy sessions is determined to not be medically necessary.