Case Number:	CM15-0217522		
Date Assigned:	11/09/2015	Date of Injury:	01/14/2008
Decision Date:	12/30/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/04/2015

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: Texas, New York, 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 applicant is a represented 53-year-old who has filed a claim for neck and low back pain reportedly associated with an industrial injury of January 14, 2008. In a Utilization Review report dated October 6, 2015, the claims administrator failed to approve requests for speech therapy and x-rays of the cervical spine while apparently approving a request for an elbow epicondylar injection. A September 24, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On September 24, 2015, the applicant reported ongoing issues with neck, wrist, and elbow pain. The applicant's medications included Flonase, Amoxil, Neurontin, Celebrex, Effexor, Restoril, Levoxyl, Pepcid, Estrogen, Carafate, albuterol, acyclovir, Lidoderm patches, Voltaren gel, and Desyrel, the treating provider reported. The applicant had undergone earlier cervical spine surgery, the treating provider reported. The applicant was apparently asked to follow up with a neck surgeon. Flexion and extension views of the cervical spine was sought, seemingly to evaluate integrity of the cervical spine prior to the applicant's spine surgery appointment. The applicant was apparently working full-time, the treating provider reported, at a rate of 8 hours a day. Six sessions of speech therapy were sought to address issues with dysphagia and soreness of throat associated with the earlier 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 for dysphagia & soreness of throat quantity: 6 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 (ODG), Treatment in Workers Compensation (TWC), Head Chapter (updated 07/24/15), 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, Speech therapy (ST).

Decision rationale: Yes, the request for six sessions of speech therapy for dysphagia and soreness of throat was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, ODG's Head Chapter Speech Therapy topic notes that speech therapy is recommended to ameliorate communication impairment and/or swallowing disorders associated with injury, trauma, or medically based injury or illness. Here, the treating provider suggested on the date in question, September 24, 2015, the applicant had in fact developed issues with dysphagia following earlier cervical fusion surgery. Pursuit of the six-session course of speech therapy in question was, thus, indicated to ameliorate the same. Therefore, the request was medically necessary.

X-ray series of the cervical spine with lateral flexion and extension views: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation American College of Radiology.

Decision rationale: Similarly, the x-rays of the cervical spine with lateral flexion and extension views was medically necessary, medically appropriate, and indicated here.As noted in the MTUS Guideline in ACOEM Chapter 8, page 178, an imaging study may be appropriate for an applicant who has limitations owing to consistent symptoms, which have persisted for 4 to 6 weeks or more, particularly when employed to further evaluate the possibility of the potentially serious pathology. Here, the treating provider stated he was intent on seeing cervical spine plain films to evaluate the integrity of the indwelling cervical fusion hardware some two years after earlier cervical spine surgery. The American College of Radiology (ACR) notes that plain films of the cervical spine to include flexion and extension views can be employed to establish the presence of instability following earlier anterior cervical discectomy and fusion surgery, as seemingly transpired here. The attending provider seemingly suggested that the applicant had, in fact, effected an incomplete resolution of symptoms following the earlier cervical fusion surgery two years prior. Obtaining plain film x-rays of the cervical spine to evaluate the integrity of the indwelling fusion hardware was, thus, indicated. Therefore, the request was medically necessary.