

<b>Case Number:</b>	CM15-0032971		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	09/28/2005
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 36-year-old [REDACTED] employee who has filed a claim for chronic low back pain and complex regional pain syndrome reportedly associated with an industrial injury of September 28, 2005. In a Utilization Review Report dated February 6, 2015, the claims administrator failed to approve requests for speech therapy and occupational therapy. The claims administrator referenced an RFA form received on January 23, 2015 in its determination. The claims administrator contended that the applicant was not working, had undergone multiple epidural steroid injections, a failed spinal cord stimulator implantation, and multiple sympathetic ganglion blocks. Non-MTUS ODG Guidelines were invoked to deny the request for speech therapy. The claims administrator contended that the applicant had had extensive treatment over the years, without profit. The claims administrator contended that the applicant's alleged speech disturbance was, in fact, a function of ongoing opioid therapy. The applicant's attorney subsequently appealed. In a February 12, 2015 progress note, the applicant reported persistent complaints of low back pain. The applicant had apparently moved from [REDACTED] to [REDACTED] owing to familial issues with a divorce. The applicant had apparently admitted in November 10, 2014 for alleged intractable low back pain. The applicant was using Duragesic and methadone for pain relief. The applicant's medications included Cymbalta, baclofen, lactulose, methadone, Effexor, Duragesic, trazodone, and vitamins. The applicant was given diagnoses of chronic low back pain and left lower extremity complex regional pain syndrome. The applicant's speech was not detailed on this occasion. The applicant was asked to perform stretching and home exercises. The applicant's gait was not described. On

January 7, 2015, the applicant reported persistent complaints of low back and left leg pain, 7/10. A lumbar MRI of November 12, 2014 was read as demonstrating low-grade degenerative changes of uncertain clinical significance. The applicant was unemployed and legally separated, it was incidentally noted. The applicant's speech was not clearly characterized, although the applicant was seemingly communicative on this occasion. The treating provider indicated that she was uncomfortable taking over management of the applicant's prescriptions as she did not believe that the applicant should be using so many different medications. An epidural steroid injection was scheduled. The applicant's medications reportedly included Duragesic, Colace, desipramine, baclofen, Atarax, lactulose, Lyrica, methadone, Reglan, Protonix, and senna. On January 20, 2015 the applicant's occupational therapist suggested that the applicant had various emotional, physical, and chronic pain issues. It was stated that the applicant might benefit from living in a special facility. Further occupational therapy was proposed. It was stated that speech therapy would be indicated on the grounds that the applicant was having difficulty communicating with her treating providers.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Speech Therapy 1-3 x per week x 4 weeks:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** No, the request for speech therapy was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of speech therapy, the MTUS Guideline in ACOEM Chapter 3, page 48 does note that the value of therapeutic modalities increase when a physician gives the therapist a specific description of the lesion and/or diagnosis causing an applicant's symptoms. ACOEM notes that the value of physical therapy increases with a prescription which clearly states treatment goals. Here, clear treatment goals were not identified. The source of the applicant's alleged speech difficulties and/or alleged speech disturbances were not clearly outlined. Multiple providers, in both January 2015 and February 2015, failed to outline any issues with alleged speech disturbance. It was not stated what diagnosis or diagnoses was generating the applicant's alleged speech disturbance. Therefore, the request was not medically necessary.

**Occupational Therapy 1-2 x per week over 60 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical

**Decision rationale:** Similarly, the request for occupational therapy once or twice weekly for over 60 days was likewise not medically necessary, medically appropriate, or indicated here. The applicant has had extensive prior treatment over the course of the claim, seemingly in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly presented here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work. The applicant was consistently described as receiving disability benefits and/or unemployed on multiple office visits, referenced above. The applicant remained dependent on opioid agents such as Duragesic and methadone. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier unspecified amounts of physical and/or occupational therapy over the course of the claim. Therefore, the request for additional occupational physical therapy was not medically necessary.