

<b>Case Number:</b>	CM15-0048263		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 sustained an industrial injury on 02/04/2013. Current diagnoses include status post mild traumatic brain injury and post-concussion syndrome. Previous treatments included medication management, Botox injections, occipital nerve blocks, scalp trigger point injections, and speech therapy. Initial complaints occurred when he hit the top of his head when bending down causing left jaw, ear, neck and head pain. Report dated 01/23/2015 noted that the injured worker presented with complaints that included dull chronic band like headaches and speech deterioration. Physical examination was positive for abnormal findings. The treatment plan included request for authorization for resuming speech therapy and sumatriptan, and return to clinic in 3 months for repeat Botox injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Speech Therapy 2 x week x 4 weeks:** 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) 2014 speech therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, speech therapy.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address CMAP. The ODG states speech therapy is indicated in individuals with clinically documented functional speech disorder resulting in the inability to perform at previous functioning levels. The provided clinical documentation for review states the patient has the inability to speak or communicate effectively and has the inability to swallow liquids or solids. Therefore, criteria has been met and the request is certified. The request is medically necessary.