

Case Number:	CM15-0000031		
Date Assigned:	01/09/2015	Date of Injury:	07/09/2014
Decision Date:	03/06/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/31/2014

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, Illinois

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 is a 56-year-old male who sustained an industrial injury on 7/9/14. The injured worker reported symptoms in the back, neck and shoulders. The diagnoses included lumbar spine sprain, cervical spine sprain, right arm pain, and left arm pain. Treatments and diagnostic to date have included x-ray, magnetic resonance imaging, computed tomography, physical therapy, and oral medications. PR2 dated 8/20/14 noted the injured worker presents with bilateral neck pain, back pain and foot pain the treating physician is requesting Speech Therapy 2 x 5 sessions. On 12/10/14, Utilization Review non-certified a request for Speech Therapy 2 x 5 sessions, noting the Official Disability Guide guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech Therapy (10-sessions, 2 times a week for 5 weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head, Speech therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head (trauma, headaches, etc., not including stress & mental disorders)

Decision rationale: The injured worker sustained a work related injury on 7/9/14. The medical records provided indicate the diagnosis of lumbar spine sprain, cervical spine sprain, right arm pain, and left arm pain. Treatments and diagnostic to date have included x-ray, magnetic resonance imaging, computed tomography, physical therapy, and oral medications. The medical records provided for review do not indicate a medical necessity for speech therapy. The MTUS is silent on this. The Official Disability Guidelines criteria for speech therapy include: 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. Treatment beyond 30 visits requires authorization. The requested treatment is not medically necessary and appropriate.