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| <b>Case Number:</b>   | CM15-0118059 |                              |            |
| <b>Date Assigned:</b> | 06/26/2015   | <b>Date of Injury:</b>       | 09/18/2013 |
| <b>Decision Date:</b> | 07/31/2015   | <b>UR Denial Date:</b>       | 06/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/18/2015 |

### 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: Emergency 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 48 year-old male who sustained an industrial injury on 09/18/13. He reported headache, neck pain, and nausea after striking the top of his head. Diagnoses included post-concussion syndrome, cervicgia, and chronic pain syndrome. Treatments included physical therapy, acupuncture, chiropractic treatments, and neurology evaluation. Neuropsychology consultation 09/06/14 recommended post-concussion syndrome treatment. In a progress note dated 06/05/15 the treating provider reports the injured worker continues to have chronic, constant, and severe neck pain. He reports depression and anger due to the chronicity of pain and dysfunction, and he is unable to tolerate any type of exercise. He has headaches, dizziness, and visual disturbance when turning his head; he has difficulty sleeping. The injured worker has had recent neurology evaluation with subsequent failed trigger point injection treatment and he lacks the coping skills to effectively manage his increased amount of pain, stress, and depression. Current diagnoses include chronic pain syndrome, spinal stenosis in cervical region, post-concussion syndrome, retrolisthesis, and vertigo. Treatment recommendations include a STAT speech therapy evaluation, and psychology evaluation. Date of Utilization Review: 06/11/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six speech therapy sessions:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Head, Speech therapy (ST).

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines speech therapy is recommended in patients with a diagnosis of a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease and inability to perform at pre-injury level. There is not a single documentation of speech or language or swallowing issues documented with this patient. Rationale for referral was for "post-concussion syndrome." Speech therapy is not medically necessary.