

Case Number:	CM15-0129975		
Date Assigned:	07/16/2015	Date of Injury:	08/15/2011
Decision Date:	08/12/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/06/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 42-year-old male who sustained an industrial injury on 08/15/2011. Mechanism of injury occurred in the context of a patient assault with traumatic brain injury with loss of consciousness. Diagnoses include post-traumatic stress disorder, cognitive disorder, and major depression. Treatment to date has included diagnostic studies, medications, and cognitive retraining. A physician progress note dated 06/16/2015 documents the injured worker has symptoms consistent with intermittent anxiety, and headaches. He may also be having seizures. On 05/13/2015, he complains of a headache. He reports if he stops Topamax he gets severe headaches. He reports continued nightmares where he is fighting, or being attacked. A trial of Prazosin to target the nightmares was recommended, but he wishes to discuss this with his primary MD because of a history of hypotension. He continues with his psychiatric medications and they are helpful for his mood. He is on Lexapro 5mg in am and pm. Lexapro was reduced which is better for his cognition. His depression is still at a 5 with 10 being severe. He has restarted the Klonopin to target the anxiety. The treatment plan includes continuation of cognitive behavior therapy. He needs to restart memory rehabilitation-due to no being able to finish vestibular and a neurologist consultation and treatment. Treatment requested is for Additional Speech Therapy (124 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Speech Therapy (124 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, 5th Edition, 2007 or current year, Head, Speech Therapy (ST).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Speech therapy (ST). <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, speech therapy is indicated in case of Criteria for Speech Therapy: 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. (McCurtin, 2012) (Brady, 2012) There is no documentation of the outcome of previous physical therapy sessions. There is no recent documentation of ongoing functional speech deficit. Therefore, the request for Additional Speech Therapy (124 sessions) is not medically necessary.