

Case Number:	CM14-0024741		
Date Assigned:	06/11/2014	Date of Injury:	02/29/2012
Decision Date:	08/18/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/26/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 38 year old female who sustained an injury on 02/29/2012. Per [REDACTED], report dated 01/20/2014, the current diagnosis includes: adjustment disorder with mixed anxiety and depressed mood; late effect of traumatic brain injury; and late effect of dens fracture with resolved incomplete spinal cord injury. The 01/07/2014 AME report indicated the patient presented with headaches characterized by a lot of deep pressure in the bi-frontal area. For the past 30 days the headaches have been presented daily and are accompanied by tension in her bilateral shoulders and arms. She rated her average headache pain as 6-7/10, but can increase to a 10/10 in severity. The patient reported having bilateral neck pain accompanied by sharp shooting pain. In addition, she reported experiencing tingling in the left upper extremity and coldness extending to her back and shoulders. She has tightness and muscle spasms on the right side of the neck that is alleviated by stretching. The pain is rated a 7-8/10 in severity and is present for the majority of the day. The patient acknowledges forgetfulness of familiar names, where she places her money, and recently forgot to pick up her children from an aftercare program. She commits information to memory by writing down information on a pink pad. The patient reported when she engages in a cognitive task she has to rethink her actions. In the past, she was really good with proposals and now her mind begins racing. She becomes distracted and all over the place. The patient reported a decline in her motor skills such as having difficulty kicking a soccer ball with her 3 year old child. In terms of conversational ability, the patient reports having issues saying a word she is thinking. She will mentally think of a word and completely lose the concept of the word by speaking the incorrect word. The patient emphasized that she is aware of what she wants to say but unable to express it. Regarding distractibility, she reports being unable to focus on one task at a time resulting in many unfinished tasks. This

causes her to have problems with filing as she has recently placed bills in an improper location causing her spouse to have difficulty accessing them. The patient acknowledges becoming mentally all over the place when attempting to organize her surroundings and requires frequent reminders. The utilization review denied the request on 02/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPEECH THERAPY(2X8): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines for SPEECH THERAPY.

Decision rationale: This patient sustained a traumatic brain injury and the treating doctor is requesting 16 speech therapy sessions. The official Disability Guidelines (ODG) for speech therapy, states that it is a therapeutic intervention that is designed to improve, develop, correct, rehabilitate, or prevent the worsening of speech/ language communication and swallowing disorders. It recommends treatment beyond 30 visits requires authorization. The records do not show any speech therapy reports to verify how many treatments the patient has received thus far and what results were accomplished. The AME report by [REDACTED] dated 01/07/2014, noted that the patient had received speech therapy in the past, however, the number of treatments and the results were not documented. In the same report, the treating doctor stated that there was no longer a need for speech therapy for cognitive remediation. The utilization review (UR) denied the request stating that the patient received 6 speech therapy sessions in 2012 and that the recent reports do not document impairments that would require speech therapy. The UR references a report dated 01/13/2014, stating that the patient is currently looking for alternative work and needs cognitive rehabilitation. This report was not made available for review. The progress report dated 01/20/2013 noted that the patient presented with residual cognitive problems and that she has 15-20 minutes of computer tolerance. In this case, it appears there is conflicting information regarding speech therapy needs between the AME and the current psychologist. Furthermore, the current psychologist does not explain how realistic it is that the patient will make further progress with speech therapy. The request also does not discuss how much speech therapy the patient has had and the results. This request is not medically necessary.