1 2 3 4	ARNOLD & PORTER LLP LAWRENCE A. COX (State Bar No. 76140) BRIAN K. CONDON (State Bar No. 138776) 777 South Figueroa Street, 44th Floor Los Angeles, California 90017-5844 Telephone: (213) 243-4000 Facsimile: (213) 243-4199	
5	LAW + BRANDMEYER, LLP KENT T. BRANDMEYER (State Bar No. 140533)	
6	245 South Los Robles Avenue, Suite 600 Pasadena, CA 91101	
7	Telephone: 626 243 5500 Facsimile: 626 243 4799	
9	Attorneys for Defendant KAISER FOUNDATION HEALTH PLAN, INC.,	
10	SUPERIOR COURT OF THE STATE OF CALIFORNIA	
11	FOR THE COUNTY OF LOS ANGELES	
12		
13	ANDREW A. ARCE, a minor, by and through his Guardian ad Litem,	CASE NO. BC 388 689
14 15	GUILLERMO ARCE; GUILLERMO ARCE, individually and on behalf of other similarly-situated persons,	REQUEST FOR JUDICIAL NOTICE IN SUPPORT OF KAISER FOUNDATION HEALTH PLAN, INC.'S DEMURRER TO
16	Plaintiffs,	NON-ARBITRABLE UCL INJUNCTIVE RELIEF CLAIMS
17	<b>v.</b>	[Code of Civil Procedure §§ 1281.2, 1281.4]
18 19	KAISER FOUNDATION HEALTH PLAN, INC., AND DOES 1 through 100, INCLUSIVE	DATE: September 22, 2008 TIME: 9:00 a.m.
20	Defendants.	DEPT: 308 JUDGE: Hon. Emilie H. Elias
20 21	Defendants.	[Central Civil West Courthouse]
22		[ACTION FILED: April 8, 2008] [NO TRIAL DATE SET]
23		[FILED CONCURRENTLY WITH DEMURRER TO FIRST AMENDED
24		COMPLAINT'S NON-ARBITRABLE CLASS CLAIMS FOR INJUNCTIVE
25		RELIEF UNDER THE UCL AS RESPONSIVE PLEADING TO FIRST AMENDED COMPLAINT
26		
27		
28 I		





Defendant Kaiser Foundation Health Plan, Inc. hereby requests that this Court take judicial notice of the following documents in support of Kaiser's Demurrer to Non-Arbitrable UCL Injunctive Relief Claims:

- 1. The Independent Medical Review ("IMR") rulings of the California Department of Managed Health Care ("DMHC") as of July 23, 2008 available on the world wide web at http://wp.dmhc.ca.gov/imr on the issue of health care service plan providers' decisions to offer various treatments, including applied behavioral analysis, speech therapy, and occupational therapy, for patients diagnosed with autism. A court may take judicial notice of the official acts of the executive departments of the State of California. (Evid. Code, § 452, subd. (c); Cal. State Employees' Assn. v. Flournoy (1973) 32 Cal. App. 3d 219, 233 n.10 [reports and records of state agency are judicially noticeable].) True and correct copies of the DMHC's rulings respecting the medical necessity of these treatments for autism, available as of July 23, 2008, are attached hereto as Exhibit A.
- 2. The Assembly Journal Legislative Intent correspondence dated August 22, 2000 from Assembly Member Thomson and Senator Perata, regarding A.B. 88 (Stats. 1999, c.534). A court may take judicial notice of the official acts of the Legislative branch of the State of California. (Evid. Code, § 452, subd. (c); California Manufs. Assn. v. Public Utilities Comm. (1979) 24 Cal.3d 836, 841 [holding legislative history to be "legitimate and valuable aid" in properly interpreting statute].) A true and correct copy of the aforementioned legislative intent correspondence is attached hereto as Exhibit B.

Dated: August **3**, 2008

508101 1.DOC

ARNOLD & PORTER LLP LAW + BRANDMEYER, LLP

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Attorneys for Defendants

KAISER FOUNDATION HEALTH PLAN, INC.











# Department of Managed Health Care

## **Case Details**

Reference ID #

MN08-8292

**Patient Age** 

9

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

**Patient Gender** 

Male

**Diagnosis Subcategory** 

Autism

**Treatment Subcategory** 

Speech Therapy

The parents of a nine-year-old male enrollee have requested for speech therapy for treatment of his language disorder. Findings: The physician reviewer found that this patient has been diagnosed with autism and has communication delays. Speech therapy is a frequently indicated treatment for autism.











California

#### **Case Details**

Reference ID #

EI08-8278

**Patient Age** 

5

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Type

Experimental/Investigational

**Patient Gender** 

Male

**Diagnosis Subcategory** 

Treatment Subcategory

Occupational Therapy

The parents of a five-year-old male enrollee have requested for occupational therapy for treatment of the enrollee's pervasive developmental disorder. Findings: Two physician reviewers found that occupational and speech treatments are not considered experimental for this diagnosis.







Reference ID #

MN08-8268

Patient Age

5

**Diagnosis Category** 

Mental

**Treatment Category** 

Acute Medical Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

**Reviewer's Findings** 

Type

Medical Necessity

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Speech Therapy

The parents of a five-year-old male enrollee have requested speech therapy for the treatment of the enrollee's pervasive developmental disorder. Findings: The physician reviewer found that this child has been in continuous speech therapy since the age of two. The weekly individual program is now integrated in a public school program. The child has shown significant improvement in the program. This combined program is medically necessary to bring the child up to normal language skills. Most recent tests have placed him in the 16th percentile of receptive language, which qualifies him for continued speech therapy. Speech therapy is indicated and appropriate for treatment of this patient.









State of California

#### Case Details

Reference ID #

MN08-8240

**Patient Age** 

**Diagnosis Category** 

Mental

**Treatment Category** 

Mental Health Treatment

**IMRO** Determination

Upheld Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

Patient Gender

Male

**Diagnosis Subcategory** 

Autism

**Treatment Subcategory** 

Partial Hospitalization

The parents of a four-year-old male enrollee have requested partial hospitalization program services for the treatment of the enrollee's condition. Findings: The physician reviewer found that this autistic child had failed extensive prior early intervention therapy and was directly admitted to the intensive ECPHP day program. Although early intervention is the therapy of choice at the time of diagnosis of autism, this child had already received intensive therapeutic attempts to modify his behavior, with limited success. At the age of entry into ECPHP, he was eligible for a public school early intervention program. At the conclusion of the ECPHP program (which states significant improvement in language and behavior), he made a successful transition to the public school program. The lack of a physician referral and the availability of the public school program would negate the medical necessity of the ECPHP program, and I concur with the denial.











Reference ID #

MN08-8238

**Patient Age** 

**Diagnosis Category** 

Mental

**Treatment Category** 

Mental Health Treatment

**IMRO Determination** 

Upheld Decision of Health Plan

Type

**Medical Necessity** 

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Partial Hospitalization

Reviewer's Findings

The parents of a three-year-old enrollee have requested for partial hospitalization program services for treatment of the enrollee's autism, attention deficit/hyperactivity disorder, obsessive compulsive disorder and anxiety. Findings: Three physician reviewers found that there was no attempt at local alternative facilities, in-home Applied Behavior Analysis, child psychiatrists, or other in-home programs. There is no physician referral recorded recommending the ECPHP program.











Reference ID #

MN08-8213

**Patient Age** 

3

**Diagnosis Category** 

Mental

**Treatment Category** 

Mental Health Treatment

**IMRO** Determination

Upheld Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

**Patient Gender** 

Male

**Diagnosis Subcategory** 

Autism

**Treatment Subcategory** 

Partial Hospitalization

The parent of a three-year-old male enrollee has requested for early childhood partial hospitalization program services for treatment of the enrollee's autism. Findings: The physician reviewer found that Applied Behavioral Analysis (ABA) in the home and parent education would seem to be a more suitable an approach to this child's problems. The hospitalization and its duration (far longer than a typical period of observation) appear to be of doubtful long-term benefit.









Reference ID #

EI08-8203

Patient Age

4

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Experimental/Investigational

**Patient Gender** 

Female

**Diagnosis Subcategory** 

Autism

Treatment Subcategory

Speech Therapy

The family of a four-year-old female enrollee has requested speech therapy (Tomatis technique) for the treatment of the enrollee's autism and speech-language disorder. Findings: Three physician reviewers found that this autistic child also has a history of recurrent otitis media and a chronic auditory problem. Both problems are recognized as benefiting from speech therapy. This patient received therapy through the Tomatis technique. The Health Plan considers the Tomatis technique investigational and has denied reimbursement for the therapy at issue. There is no definitive proof that the Tomatis technique method is more effective than standard speech treatment. The Tomatis technique is more than 40 years old, and there are no controlled studies demonstrating its effectiveness. In contrast, standard speech therapy is known to be beneficial for treatment of patient's with autism.







Reference ID #

EI08-8170

**Patient Age** 

10

**Diagnosis Category** 

Mental

**Treatment Category** 

Acute Medical Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Туре

Experimental/Investigational

**Patient Gender** 

Male

Diagnosis Subcategory

**Autism** 

**Treatment Subcategory** 

Occupational Therapy

The parent of a ten-year-old male enrollee has requested for occupational therapy for treatment of the enrollee's autism. Findings: Two physician reviewers found that current recommendations at most major medical centers support the use of occupational therapy as a useful aid in the overall treatment of autism spectrum disorders. There is sufficient data to support occupational therapy is necessary and more beneficial than any other modality of treatment.







Reference ID #

MN08-8143

**Patient Age** 

11

**Diagnosis Category** 

Mental

**Treatment Category** 

Mental Health Treatment

**IMRO** Determination

Overturned Decision of Health Plan

Reviewer's Findings

**Type** 

**Medical Necessity** 

**Patient Gender** 

Female

**Diagnosis Subcategory** 

Autism

**Treatment Subcategory** 

Behavioral Therapy

The parent of an eleven-year-old female enrollee has requested Applied Behavioral Analysis (ABA) for the treatment of the enrollee's autism. Findings: Three physician reviewers found that ABA is more beneficial than standard autistic treatments and is now considered a non-investigational mainstream therapy. ABA focuses on the reliable measurement and objective evaluation of observable behavior within relevant settings, including the home, school and community. ABA-based interventions have been very well-documented. More recently, a review of the state of the science for pediatric primary health care clinicians on autism (Asch. Pediat. Adolesc. Med/Vol 160, Nov 2001) claims ABA is "superior to other intervention strategies".









Reference ID #

MN08-8126

Patient Age

4

Diagnosis Category

Mental

**Treatment Category** 

Acute Medical Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Туре

**Medical Necessity** 

Patient Gender

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Speech Therapy

The parent of a four-year-old male enrollee has requested for speech and occupational therapy for treatment of the enrollee's autism. Findings: The physician reviewer found that these therapies are well established, with significant peer-reviewed literature to establish both medical necessity and improvement in language and motor skills in children with autism. Early intervention by these therapies, before the age of two and no later than the age of four, is recommended by studies of autistic children.







Reference ID #

EI08-8117

**Patient Age** 

6

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Experimental/Investigational

**Patient Gender** 

Male

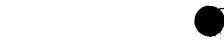
**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Physical Therapy

The parent of a six-year-old male enrollee has requested for sensory integration therapy for treatment of the enrollee's autism spectrum disorder. Findings: Two physician reviewers found that there are minimal statistically significant peer-reviewed studies that show consistent and sustainable effect and benefit from sensory integration therapy. Better-controlled studies are necessary before sensory integration therapy can be considered a proven effective therapy for the treatment of autism. Without further investigation and research, sensory integration therapy remains an investigational therapy of unproven benefit. It is not considered a standard or primary intervention for the treatment of autism.







Reference ID #

EI08-8115

**Patient Age** 

4

**Diagnosis Category** 

Mental

**Treatment Category** 

Mental Health Treatment

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Experimental/Investigational

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Other

The parent of a four-year-old male enrollee has requested for floortime therapy for treatment of the enrollee's autism spectrum disorder. Findings: Two physician reviewers found that floortime therapy is a framework that includes working with a child at his or her developmental level through a variety of therapies to improve individual differences in sensory-motor, language, and social functioning, and supporting family and other learning relationships. It is meant to tailor caregivers and decision's interaction to one child's unique functional profile. While floortime seems to have promise, there are no independent, peer-reviewed published studies of floortime's effectiveness for children with autism. Therefore, there is no data to support floortime as a proven and effective therapy for the treatment of autism spectrum disorder. In addition, there are other proven therapies available to this patient. Because of this lack of evidence supporting the effectiveness of floortime therapy and the fact that there are other proven therapies available.









Reference ID #

EI08-8037

**Patient Age** 

4

**Diagnosis Category** 

Mental

Treatment Category

Mental Health Treatment

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

Patient Gender

Male

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Behavioral Therapy

The parent of a four-year-old male enrollee has requested continued ABA therapy for the treatment of his autism. Findings: The physician reviewer found that ABA therapy has been shown to be efficacious in the treatment of autism and autism spectrum disorders. Improvements as a result of intensive early intervention with ABA therapy have been demonstrated in terms of measured IQ as well as in adaptive, social and communicative skills in comparison to control patients who did not have ABA treatment. These gains have been shown to be sustained over time, with documented follow-up of as long as 6 years in one follow-up study. Further, these findings have been replicated by other studies. In the case of the enrollee, progress with the ABA therapy has been documented with regard to his communication skills (particularly receptive language) and adaptive functional skills. There is no alternative treatment modality that would be as effective for the treatment of this patient.









Reference ID #

EI08-7930

Patient Age

4

**Diagnosis Category** 

Mental

**Treatment Category** 

Mental Health Treatment

IMRO Determination

Overturned Decision of Health Plan

Reviewer's Findings

Type

Experimental/Investigational

**Patient Gender** 

Male

Diagnosis Subcategory

**Autism** 

Treatment Subcategory

Behavioral Therapy

The parent of a four-year-old male enrollee has requested for applied behavioral analysis (ABA) therapy for treatment of the enrollee's autism. Findings: Three physician reviewers found that according to a well-respected general pediatrics textbook, "there is compelling evidence that intensive behavioral therapy, beginning before three years of age and targeted toward speech and language development, is successful in improving both language capacity and later social functioning." The authors also note that controlled studies of early intensive 1:1 behavioral training (ABA) have resulted in significant cognitive and behavioral gains. Multiple studies comparing children who received intensive behavioral treatment to those who received a more eclectic treatment modality have shown that the behavioral treatment groups exhibited greater increases in IQ and adaptive functioning, and fewer aberrant behaviors and social problems, than did the eclectic groups. Behavioral therapy is considered to be first-line treatment for autistic spectrum disorders, along with speech and language therapy. Many consider the advances made in the treatment of children with autism spectrum disorders to be attributable to early intervention with ABA techniques. ABA therapies have been utilized and studied for decades, and the data indicates positive results with consistent implementation of this method. ABA is considered standard of care, particularly in early intervention programs, by many experts in the field.









# Department of Managed Health Care

#### Case Details

Reference ID #

MN08-7926

Patient Age

2

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

Patient Gender

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Other

The parent of a two-year-old male enrollee has for occupational therapy, speech therapy and ABA therapy for treatment of the enrollee's autism. Findings: The physician reviewer found that as the patient clearly meets the criteria of autism, a plan of therapy has to be based on the best medical practice and interventions. Due to the nature of this neurological illness, with an unknown etiology, virtually all studies are relatively small and lack a "gold standard of treatment." Specialists recommend immediate, intensive intervention at the age of recognition. Per a recent review article in Pediatrics, occupational therapy (10 hours per week), speech therapy (twice per week) and ABA therapy (20 hours per week) are within the recommendations of this in-depth review.











Reference ID #

EI08-7872

Patient Age

7

Diagnosis Category

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Experimental/Investigational

**Patient Gender** 

Female

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Occupational Therapy

The parent of a seven-year-old female enrollee has requested occupational therapy (OT) for the treatment of the enrollee's autism. Findings: Three physician reviewers found that autism, or PDD-NOS, is defined in the DSM-IV as a disorder of communication, socialization and behavior. Standard treatment is psycho-educational and involves a team approach. This is usually carried out through the school system rather than independent therapy. The available records do not reflect any services the patient is currently receiving through the educational system. Sensory integration is a theory proposed about 40 years ago. Over the part 40 years, there has been a lack of scientific evidence accumulated to support it.

California







# Department of Managed Health Care

#### **Case Details**

Reference ID #

MN08-7848

Patient Age

5

**Diagnosis Category** 

Mental

Treatment Category

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

**Patient Gender** 

Male

**Diagnosis Subcategory** 

Autism

Treatment Subcategory

Speech Therapy

The parents of a five-year-old male enrollee have requested for speech therapy for treatment of the enrollee's autism. Findings: The physician reviewer found that the reports of the child clearly establish and reinforce a diagnosis of autistic spectrum. The etiology of autism has not been clearly delineated, but the consensus is that it is a congenital disorder. The highlight of dysfunction in autism is a communication defect. Consistent speech therapy on a one-to-one basis is the only known method of improving communications in an autistic child. The speech therapy reports have clearly defined goals on each visit. Generally, the trend is consistent improvement in these goals. The variation in the sub-tests of the psychometric testing is consistent with a child with autism, despite the child's improvement.







Reference ID #

MN08-7810

**Patient Age** 

5

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

**Reviewer's Findings** 

Type

**Medical Necessity** 

**Patient Gender** 

Male

Diagnosis Subcategory

**Autism** 

Treatment Subcategory

Speech Therapy

The parent of a five-year-old male enrollee has requested for speech therapy for treatment of the enrollee's autism. Findings: The physician reviewer found that speech and language delay must be taken very seriously in young children, as the long-term consequences may be substantial. According to a Cochrane Database meta-analysis of 25 studies, children whose difficulties persist into primary school may have long-term problems concerning literacy, socialization, behavior and school attainment. Studies have shown that speech and language therapy can result in significant improvement in children with speech and language deficits. Improved play skills, social skills and self-esteem have also been demonstrated.







# Department of Managed Health Care

#### Case Details

Reference ID #

MN07-7518

**Patient Age** 

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Type

**Medical Necessity** 

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Speech Therapy

Reviewer's Findings

The parent of a nine-year-old male enrollee has requested speech therapy for the treatment of his autism. Findings: The physician reviewer found that speech therapy is medically necessary when addressing an illness, injury, surgery or congenital abnormality. The medical records do not indicate that the patient's language disorder is related to such a condition. Speech therapy in this clinical setting is educational in nature, and as such, is not medically indicated.









Reference ID #

MN07-7408

**Patient Age** 

6

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Speech Therapy

A six-year-old male enrollee has requested for speech therapy for treatment of his autism. Findings: The physician reviewer found that standard management of children with autism recommends ongoing monitoring of the child's progress and modification of interventions. If ongoing assessment of the child's progress shows an intervention has not been effective after an adequate trial period, it is recommended that one intervention or specific aspects of its application be changed.











Reference ID #

EI07-7294

**Patient Age** 

Diagnosis Category

Mental

**Treatment Category** 

Mental Health Treatment

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Experimental/Investigational

**Patient Gender** 

**Female** 

**Diagnosis Subcategory** 

Autism

**Treatment Subcategory** 

Other

The parent of a four-year-old female enrollee has requested for DIR/Floortime therapy for treatment of the enrollee's autism. Findings: Three physician reviewers found that review of the relevant medical evidence reveals no peer-reviewed studies demonstrating that DIR/Floortime therapy is efficacious for the treatment of autism. There are no definitive studies proving the therapy at issue results in an improved clinical outcome. Without further study and research, it is not possible to predict whether the proposed therapy will benefit this patient.









# Department of Managed Health Care

#### Case Details

Reference ID #

MN07-7193

**Patient Age** 

**Diagnosis Category** 

Mental

Treatment Category

Rehabilitation Services - Outpatient

**IMRO** Determination

Upheld Decision of Health Plan

Type

Medical Necessity

**Patient Gender** 

Male

**Diagnosis Subcategory** 

Autism

**Treatment Subcategory** 

Speech Therapy

Reviewer's Findings

The parent of a seven-year-old male enrollee has requested continued speech therapy for the treatment of the enrollee's autism. Findings: The physician reviewer found that autism is a disorder of socialization, communication and behavior. The etiology in most cases is unknown. There are no medical treatments that are known to cure autism. Most therapies are generally psychoeducational and are directed toward specific behaviors. Because the loss of speech and other behavioral issues are related to communication and social issues associated with autism, there is no medical indication for speech therapy for patients such as this patient. In cases such as this, speech therapy can typically be appropriately provided through means other than private therapy.







# Department of Managed Health Care

#### Case Details

Reference ID #

MN07-7190

**Patient Age** 

Mental

**IMRO Determination** 

Upheld Decision of Health Plan

**Diagnosis Category** 

**Treatment Category** 

Rehabilitation Services - Outpatient

Reviewer's Findings

Type

**Medical Necessity** 

**Patient Gender** 

Diagnosis Subcategory

Autism

**Treatment Subcategory** 

Speech Therapy

The parent of a nine-year-old male enrollee has requested speech therapy services for treatment of autism. Findings: The physician reviewer found that current medical literature fails to establish the efficacy of speech therapy in the treatment of autism. Because the loss of speech and other behavioral issues are related to communication and social issues associated with autism, there is no medical indication for speech therapy for patients such as this patient. Speech therapy can typically be appropriately provided through means other than private therapy.







Reference ID #

MN07-7188

**Patient Age** 

5

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

Patient Gender

**Female** 

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Speech Therapy

The parent of a five-year-old female enrollee has requested for speech therapy for treatment of the enrollee's autism. Findings: The physician reviewer found that speech therapy initiated at a young age can result in marked improvement in children with major speech problems and impairments similar to those of this patient. Intensive therapy is necessary to allow the patient to acquire normal social interaction and communication skills. Individual therapy at an early age is medically appropriate and indicated based on the severity of this patient's deficits. Speech therapy once a week for 10 weeks should be authorized.







Reference ID #

MN07-7168

**Patient Age** 

Diagnosis Category

Mental

Treatment Category

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Female

**Diagnosis Subcategory** 

Autism

**Treatment Subcategory** 

Occupational Therapy

The mother of a four-year-old female enrollee has for continued occupational therapy for treatment of the enrollee's autism spectrum disorder. Findings: The physician reviewer found that autism is a disorder of communication, socialization and behavior. It is usually addressed by an interdisciplinary team focusing on psychoeducational issues. There are no specific medical treatments for autism. Occupational therapy is not considered clinically indicated for treatment of patients such as this patient.









Reference ID #

MN07-7090

**Patient Age** 

4

**Diagnosis Category** 

Mental

**Treatment Category** 

Mental Health Treatment

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

**Patient Gender** 

Female

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Other

The parents of a four-year-old female enrollee have requested a consultation and treatment with a pediatrician specializing in integrative medicine for treatment of possible autism/developmental delay. Findings: The physician reviewer found that the benefit of consultation and treatment with an integrative medicine physician is not clear from the documents provided for review. The physician identified by the family does not list credentials that would qualify him to treat a child with a developmental disability or a child with an autistic spectrum disorder. There are two other reports from qualified professionals that indicate an intent follow the patient and to make the needed treatment recommendations. The record also indicates there is a pediatrician currently involved in the patient's care.







# Department of Managed Health Care

#### **Case Details**

Reference ID #

MN07-7088

**Patient Age** 

9

**Diagnosis Category** 

Mental

**Treatment Category** 

Mental Health Treatment

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

**Type** 

Medical Necessity

Patient Gender

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Other

The parent of a nine-year-old male enrollee has requested sound sensitivity treatment and other services included in the treatment plan offered by Developmental Spectrums (e.g. laboratory testing, dietary supplements and medications) for the treatment of the enrollee's autism and central auditory processing disorder. Findings: The physician reviewer found that there is no evidentiary basis for the application of sensory integration therapy, auditory integration therapy or "sound sensitivity treatment" in the treatment of autism according to a current review of autism published in the peer-reviewed literature. With regard to the other treatment modalities offered by the Autism Spectrums clinic, these interventions are not evidence-based and are far less likely to have a positive impact on the patient's behavior and level of functioning than the more standard approach outlined following the patient's multidisciplinary evaluation.







Reference ID #

MN07-7006

**Patient Age** 

7

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO** Determination

Upheld Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

**Female** 

**Diagnosis Subcategory** 

Autism

**Treatment Subcategory** 

Speech Therapy

The parent of a seven-year-old female has requested speech therapy for treatment of her autism. Findings: The physician reviewer found that review of the submitted clinical evidence does not demonstrate that the patient made significant progress in speech therapy during the period at issue. Furthermore, the goals outlined are generally considered educational in nature and are not typically treated in the medical system. Speech therapy for these issues is generally directed through an individualized education plan through the education system. There was no medical indication for the therapy at issue.











Reference ID #

MN07-6989

Patient Age

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

**Reviewer's Findings** 

Type

Medical Necessity

**Patient Gender** 

Male

Diagnosis Subcategory

Autism

Treatment Subcategory

Occupational Therapy

The parent of a four-year-old male enrollee has requested once weekly occupational therapy for the treatment of the enrollee's autism. Findings: The physician reviewer found that occupational therapy is often a useful adjunct to interventions for autism spectrum disorders. In this case, although the patient has high functioning autism he is deficient in fine and gross motor skills and sensory processing. His deficiencies are likely to improve with the proposed course of once weekly occupational therapy.









# Department of Managed Health Care

## Case Details

Reference ID #

MN07-6980

**Patient Age** 

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Speech Therapy

The parent of a 10-year-old male has requested speech therapy for the treatment of the enrollee's autism and speech impairment. Findings: The physician reviewer found that speech-language goals are educational in nature and should be part of this patient's school program. While autism is clearly a medical diagnosis and many therapeutic interventions for the condition are considered medically necessary, it is also a condition that is addressed in school programming. The goals outlined in the patient's evaluation are not addressing specific medical conditions associated with autism, but rather, the educational and rehabilitative needs of this patient.







Reference ID #

EI07-6960

**Patient Age** 

3

**Diagnosis Category** 

Mental

**Treatment Category** 

Mental Health Treatment

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Туре

Experimental/Investigational

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Behavioral Therapy

The parent of a three-year-old male enrollee has requested applied behavioral analysis (ABA) services (25 hours per week of ABA therapy and 6 hours per week of professional progress assessment and evaluation) for treatment of his autism. Findings: Two physician reviewers found that the use of ABA in autism or in other Pervasive Development Disorders is not standard practice. While some components of the therapy may have utility, the use of ABA for such an extended time period is not supported in the recognized medical literature and is, at this time, investigational. There is no evidence such an approach will be more effective than standard interventions. ABA therapy is considered by many to be an educational intervention.







Reference ID #

MN07-6943

**Patient Age** 

10

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

**Type** 

**Medical Necessity** 

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Speech Therapy

The parent of a 10-year-old male has requested speech therapy services for the treatment of the enrollee's autism. Findings: The physician reviewer found that autism is a disorder of communication, socialization and behavior and is long lasting. The condition is generally not reversible. Although speech therapy is appropriate for this patient's condition, it is not medically necessary. Such services should be delivered by the educational system as part of a comprehensive psycho-educational program.











Reference ID #

MN07-6923

Patient Age

13

Diagnosis Category

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Male

Diagnosis Subcategory

Autism

**Treatment Subcategory** 

Speech Therapy

The parents of a 13-year-old male enrollee have requested group therapy for treatment of his Asperger's syndrome. Findings: The physician reviewer found that Asperger's syndrome, often considered a mild autistic spectrum disorder, is typically diagnosed based on a core group of behaviors. The presence of these behaviors indicate deficits in communication and social interaction. There are three recognized treatment options for this syndrome: (1) communication and social skills training; (2) cognitive behavioral therapy; and (3) medication, as needed, for co-morbid diagnoses including anxiety, depression and hyperactivity. For most individuals with AS, an extremely important aspect of their treatment strategy is an opportunity to enhance their communication and social correspondence. Social skills therapy enables the individual to cope better with social and interpersonal expectations. The patient is likely to benefit from this therapy.









Reference ID #

MN07-6840

**Patient Age** 

3

**Diagnosis Category** 

Mental

**Treatment Category** 

Mental Health Treatment

**IMRO Determination** 

Upheld Decision of Health Plan

**Reviewer's Findings** 

**Type** 

Medical Necessity

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Partial Hospitalization

The mother of a three-year-old male enrollee has requested continued partial hospitalization services for treatment of the enrollee's autism. Findings: The physician reviewer found that the submitted clinical evidence does not establish the medical necessity of continued partial hospitalization services. The patient has clearly made significant clinical gains in the partial hospital program. These gains are sufficient to allow him to return to a less restrictive mode of therapy. As such, the patient can be appropriately treated at a less restrictive level of care and no longer requires partial hospitalization services.











Reference ID #

MN07-6746

**Patient Age** 

12

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Speech Therapy

The parent of a 12-year-old male enrollee has requested for speech therapy for treatment of the enrollee's speech and language delays. Findings: The physician reviewer found that educational programs generally provide autistic children with speech/language therapy as part of a comprehensive program. On-going goals for this patient can be appropriately addressed through an individualized education plan (IEP).







# Department of Managed Health Care

#### Case Details

Reference ID #

MN07-6678

Patient Age

**Diagnosis Category** 

Mental

Treatment Category

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Speech Therapy

The parent of a seven-year-old male enrollee has requested coverage for speech therapy. Findings: The physician reviewer found that the patient's speech-language disorder is significant and is attributable to his autism spectrum disorder. The patient requires ongoing speech-language therapy. Continuing therapy will allow the patient to maximize his functional abilities and to prevent behavior problems associated with frustration at being unable to express himself. The patient should continue to receive speech therapy for a six-month period. At the end of the six-month period, the patient should be re-evaluated by his providers to determine if continued speech therapy is indicated.









Reference ID #

MN07-6661

Patient Age

3

Diagnosis Category

Mental

**Treatment Category** 

Mental Health Treatment

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

**Patient Gender** 

**Female** 

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Partial Hospitalization

The parent of a three-year-old female enrollee has requested continued partial hospitalization services for treatment of the enrollee's autism. Findings: The physician reviewer found that the submitted clinical records demonstrate that the patient has progressed with intensive multidisciplinary services. The presence of severe organicity, and a possible seizure disorder with severe stability problems are indications for a multidisciplinary approach coordinated through the Regional Center and through the IEP in her local school district for the present and the future. The psychiatric issues of self-harm or inability to sustain weight due to rejection of food secondary to autism are no longer primary issues. As of the date in question the patient had no psychiatric issues that presented an imminent threat to her well-being. Continuation of treatment for this patient's multiple problems will be needed including physical therapy, occupational therapy, speech therapy, and behavioral modification, and should be coordinated through the Regional Center and with the IEP through the local school district.









Reference ID #

MN07-6660

**Patient Age** 

3

**Diagnosis Category** 

Mental

**Treatment Category** 

Mental Health Treatment

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

**Patient Gender** 

Female

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Partial Hospitalization

The parent of a three-year-old female enrollee has requested continued partial hospitalization services for treatment of the enrollee's autism. Findings: The physician reviewer found that the patient has neurological findings of hypotonia and possible seizures. She has developmental delays consistent with mental retardation. She also has pervasive developmental delay and autism. The syndrome of autism requires multidisciplinary treatment coordinated through both the Regional Center and the school district. Psychiatric Issues of self-harm or psychosis can be addressed by mental health professionals. The initial presentation to the PHP included the refusal to eat. This has been corrected and the patient's weight is in the ideal range for a three-year-old female. There were no psychiatric problems that were an imminent threat to this patient as of the date in question. Continuation of treatment for this patient's multiple problems will be needed including physical therapy, occupational therapy, speech therapy and behavioral modification, and should be coordinated through the Regional Center and with the IEP through the local school district.











Reference ID #

EI07-6659

**Patient Age** 

6

**Diagnosis Category** 

Mental

**Treatment Category** 

Mental Health Treatment

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Experimental/Investigational

**Patient Gender** 

Female

**Diagnosis Subcategory** 

Autism

Treatment Subcategory

Behavioral Therapy

The parent of a six-year-old female enrollee has requested applied behavioral analysis (ABA) therapy (20 to 40 hours per week for treatment of the enrollee's Landau-Kleffner Syndrome. Findings: Three physician reviewers found that ABA is an experimental and investigational treatment for patients with Landau Kleffner Syndrome. A review of the relevant medical literature failed to yield documentation of controlled trials supporting the efficacy of ABA therapy in the treatment of Landau-Kleffner Syndrome. Additional long-term clinical study is needed before ABA therapy can be recommended for this diagnosis.







Reference ID #

MN07-6646

**Patient Age** 

6

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Occupational Therapy

The parent of a six-year-old male enrollee, with diagnoses of autism and seizure disorder, has requested authorization for occupational therapy (OT). Findings: The physician reviewer found that there is insufficient evidence to support sensory integration (SI) OT as a treatment for autism and no convincing outcomes data showing a long-term benefit.











Reference ID #

MN07-6577

**Patient Age** 

2

**Diagnosis Category** 

Mental

**Treatment Category** 

Durable Medical Equipment

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Wheelchair

The mother of a two-year-old male enrollee has requested an EZ Rider pediatric wheelchair (EZ12T) and a Columbia positioning seat for treatment of the enrollee's autism. Findings: The physician reviewer found that it does not appear that the patient's refusal to walk when in public places is a behavioral target included in the applied behavioral analysis program. In addition, the medical records do not address this behavior and do not provide evidence in support of the necessity of an adaptive stroller (wheelchair). With regard to the positioning seat, there is no documentation that this child has insufficient trunk or head control which would necessitate an adaptive car seat. Current laws require a child be in a car seat until the age of six years or sixty pounds. There are car seats available with five point restraints that can accommodate a child up to 80 pounds









# Department of Managed Health Care

#### **Case Details**

Reference ID #

MN07-6553

Patient Age

11

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Speech Therapy

The parent of an 11-year-old male enrollee has requested speech therapy for treatment of the enrollee's autism. Findings: The physician reviewer found that although pragmatic in nature, the goals documented in this case by the patient's speech therapist are not related to community function and appear educationally based. Furthermore, the goals have not changed substantially over time. Based on the documentation provided, the patient's speech therapy does not appear to have been coordinated with a behavioral program working toward social communication. All told, there is insufficient evidence supporting the medical necessity of past or future speech therapy in this case.







Reference ID #

MN07-6459

**Patient Age** 

3

**Diagnosis Category** 

Mental

Treatment Category

Mental Health Treatment

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Male

Diagnosis Subcategory

**Autism** 

**Treatment Subcategory** 

Partial Hospitalization

The parents of a three-year-old male with a history of limited expressive language, poor play and very impaired social development are requesting authorization for early childhood partial hospitalization services. Reviewer's Findings: The reviewing physician found that the submitted clinical information indicates the patient was making progress with treatment, but progress was not yet maximized. The reviewing physician found that the Health Plan denial should be overturned.







Reference ID #

MN07-6455

**Patient Age** 

7

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

**Type** 

**Medical Necessity** 

**Patient Gender** 

Male

**Diagnosis Subcategory** 

Autism

**Treatment Subcategory** 

Speech Therapy

The parents of a seven-year-old male with a history of Down's syndrome and autism with significant speech delay are requesting coverage of both past and future speech therapy. Reviewer's Findings: The reviewing physician found that in comparing the progress reports it is clear that although the gains are slow, the patient is making gains in functional communication. The reviewing physician found that the Health Plan denial should be overturned.







Reference ID #

MN07-6403

**Patient Age** 

4

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

Patient Gender

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Speech Therapy

The parent of a four-year-old male with a history of expressive and receptive speech delay is requesting reimbursement and on-going authorization for speech therapy. Reviewer's Findings: The reviewing physician found that the clinical records do not indicate the patient will achieve a specific diagnosis-related goal or achieve measurable improvement within a reasonable and predictive amount of time. The reviewing physician found that the Health Plan denial should be upheld.











Reference ID #

MN07-6360

Patient Age

3

Diagnosis Category

Mental

Treatment Category

Home Health Care

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Male

Diagnosis Subcategory

Autism

**Treatment Subcategory** 

Other

The parent of a three-year-old male enrollee has requested authorization and coverage for at-home applied behavioral analysis (ABA) therapy for treatment of the enrollee's autism. Findings: The physician reviewer found that although review of the literature reveals no citations evaluating the differences between in-home ABA and clinically based ABA, most ABA programs provided today have at least some component of in-home treatment. The ultimate goal of any ABA program is to have the patient functioning independently in the community. Independent functioning must begin in the home with self-help skills and family communications. All the social/play and perspective taking skills as well as the self-help skills (especially continence) should take place in the home. The patient will have a need for future self-help skill goals as he becomes developmentally age-appropriate. It is often difficult to have these skills carry over into the home if taught in an outside environment. All behavioral programs should involve training of the parents/caregivers to allow for carry-over from the behavioral sessions.







Reference ID #

MN07-6361

Patient Age

7

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

**Reviewer's Findings** 

Type

**Medical Necessity** 

**Patient Gender** 

**Female** 

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Speech Therapy

The parent of a seven-year-old female enrollee has requested speech therapy for treatment of the enrollee's speech and language delays. Findings: The physician reviewer found that a thorough review of the literature reveals there are no outcome studies or randomized, controlled studies demonstrating that individual speech therapy improves pragmatic speech and communication in patients with autism. Furthermore, the majority of the goals outlined for this patient are educationally based, such as improved receptive vocabulary, expressive vocabulary and expressive communication. While pragmatic goals are also identified, the patient has not shown significant gains in these areas and such goals could appropriately be incorporated into an individualized education plan (IEP) and addressed through the school system.











Reference ID #

MN05-4284

**Patient Age** 

Diagnosis Category

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

**Reviewer's Findings** 

Type

Medical Necessity

**Patient Gender** 

**Diagnosis Subcategory** 

**Treatment Subcategory** 

Occupational Therapy

The patient is a three-year-old male diagnosed with autism at the age of 20 months. His treatment has consisted of an applied behavioral analysis program three hours per week, speech therapy three hours per week, and occupational therapy one hour per week. Occupational therapy has primarily been sensory based. The most current reports reflect gross motor skills within functional limits except for handling a ball and poor arm swing while running. Fine motor skills are within functional limits. Activities of daily living are delayed in dressing, especially for fasteners, though fasteners are not an age appropriate activity of daily living for a three-year-old child. The patient requires scheduled toileting. He has difficulty with circle time in group when other children sing. Language skills are age appropriate with receptive language when engaged and attending, but much of this appears to be from rote learning. The patient's receptive vocabulary is within functional limits. His expressive language is still significantly delayed. The patient's parents have requested authorization and coverage for continued speech therapy and occupational therapy services. The Health Plan has denied this request on the basis the requested services are not medically necessary for treatment of the patient's condition. Review of the relevant medical literature reveals no data on individualized speech therapy in the treatment of autism. Given that pragmatic speech, auditory processing, social communication, and expressive speech are the primary deficits, group speech with normal peers and speech within the educational setting are more appropriate. This should be done as part of a coordinated interdisciplinary program. Furthermore, review of the literature regarding occupational therapy in autism reflects mixed findings especially with regard to specific therapies such as sensory integration therapy. All studies regarding sensory integration therapy are small scale and at least one of those studies reports no benefits. Though the submitted records indicate multiple physicians have recommended speech and occupational therapy for the patient, these therapies have been recommended in an educational context and do not imply such services are medically necessary. The only treatment validated through scientific research to be beneficial for treatment of autism is applied behavioral analysis (ABA). The gains achieved by autism patients in speech and communication are usually

50





a product of an ABA program. Historically, ABA programs after the age of three have been offered through IEP and the Individuals with Disabilities Education Act. Deficits such as pragmatic speech, auditory comprehension, and expressive speech delay fall primarily under educational issues and coordination of care is required. Thus, treatment is best provided through the student IEP. Based upon the information set forth above, I have determined that the requested services are not medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be upheld.









# Department of Managed Health Care

#### **Case Details**

Reference ID #

MN07-6275

**Patient Age** 

4

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Туре

Medical Necessity

Patient Gender

Male

**Diagnosis Subcategory** 

Autism

**Treatment Subcategory** 

Speech Therapy

The parent of a four-year-old male enrollee has requested authorization and coverage for OT, physical therapy (PT), speech therapy (ST) and applied behavioral analysis. Reviewer's Findings: The reviewing physician found that there are no specific guidelines delineating educationally based therapies from medically based therapies. The records were reviewed to determine whether or not the goals and treatment plan for each therapy addressed functional motor deficits such as activities of daily living, oral motor skills or neurological abnormalities in gross and fine motor skills. The treatment plans in this case all primarily address educationally based goals and therefore are not medically indicated.

State of California









#### Case Details

Reference ID #

MN07-6257

**Patient Age** 

6

**Diagnosis Category** 

Mental

Treatment Category

Rehabilitation Services - Outpatient

**IMRO** Determination

Upheld Decision of Health Plan

Reviewer's Findings

Туре

Medical Necessity

Patient Gender

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Speech Therapy

The parents of a six-year-old male enrollee have requested authorization for speech therapy for treatment of the enrollee's autism. Findings: The physician reviewer found that medically necessary therapy requires medical oversight and clearly identified functional goals. In reviewing the documentation from the earlier speech therapy, educational goals are not clearly distinguished from functional goals. An additional concern is the lack of physician involvement. When therapy is continued for an extended period as it has been in this instance, it must be physician-directed to insure adequate progress is being achieved. The patient's functional status should be assessed at regular intervals by a qualified physician for appropriate decision-making with regard to the course of the therapy. The physician should also ensure the goals of the therapy address community based/functional issues.









Reference ID #

MN07-6236

**Patient Age** 

13

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Speech Therapy

The parent of a thirteen year-old male with the diagnosis of autism is requesting reimbursement and prospective authorization and coverage for speech therapy. Reviewer's Findings: The reviewing physician reviewed of the progress reports from the patient's speech therapy and found that they do not indicate there has been functional gain from report to report. The reviewing physician found that the Health Plan denial should be upheld.









Reference ID #

MN07-6211

**Patient Age** 

9

**Diagnosis Category** 

Mental

Treatment Category

Rehabilitation Services - Outpatient

Managed Health Care

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Occupational Therapy

The parent of a nine-year-old male enrollee has requested authorization and coverage for occupational therapy (OT) with sensory integration for treatment of the enrollee's gross motor skill and sensory integration deficits. Findings: The physician reviewer found that despite its application in the treatment of autism for many years, there are few objective studies showing the benefit of sensory integration. The studies currently in publication deal primarily with the use of sensory integration therapy in the treatment of preschool children ages 18 months to three years. A search of the literature produced no studies which have specifically targeted school-aged children. Given the lack of sound peer-reviewed evidence supporting the efficacy of sensory integration therapy for older school-aged children, it cannot be concluded that such therapy is medically indicated. Treatment through an individualized education plan would be clinically appropriate.









# Department of Managed Health Care

#### Case Details

Reference ID #

MN07-6203

**Patient Age** 

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

**Reviewer's Findings** 

Type

Medical Necessity

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Speech Therapy

The parents of a six-year-old male with a diagnosis of autism are requesting continued authorization of individual speech therapy. The record also indicates that the patient is receiving speech therapy through the school system one hour per week along with the individual speech therapy. Reviewer's Findings: The reviewing physician found that the literature reveals there are no outcome studies or randomized controlled studies demonstrating that individual speech therapy improves pragmatic speech and communication in patients with autism or that an increased frequency of speech therapy is more beneficial than the standard one time per week therapy. The reviewing physician found that the Health Plan denial should be upheld.











Reference ID #

MN07-6182

**Patient Age** 

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Occupational Therapy

The parent's of an eight-year-old male with diagnoses of ADHD and Asperger's syndrome are requesting authorization of additional occupational therapy. Reviewer's Findings: The reviewing physician reviewed of the patient's goals as outlined in the submitted monthly progress notes, the goals that have been met are functional goals and not those based in sensory integration. Because the goals are functional not sensory goals the reviewing physician found that the Health Plan denial should be overturned.









Reference ID #

MN06-6074

**Patient Age** 

5

Diagnosis Category

Mental

**Treatment Category** 

Mental Health Treatment

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Туре

Medical Necessity

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Partial Hospitalization

The parents of a five-year-old male with a serious psychiatric problem are requesting authorization of continued partial hospitalization. Reviewer's Findings: The reviewing physician found that the program the patient is currently attending is medically appropriate and clinically indicated based on the information provided. The Health Plan denial was overturned.









# Department of Managed Health Care

#### **Case Details**

Reference ID #

MN06-5995

**Patient Age** 

12

**Diagnosis Category** 

Mental

Treatment Category

Pharmacy/Prescription Drugs

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Formulary versus Non-Formulary

The patient is a 12-year-old male with a diagnosis of Asperger's Syndrome and a comorbid diagnosis of ADHD. Several medications have been tried such as Ritalin, Concerta, Adderall and Adderall XR. 40mg of Focalin XR daily was clinically effective in treating the patient. The FDA recommends a maximum dosage for Focalin XR of 20mg daily. The patient's parent submitted a request for reimbursement and prospective authorization of Focalin, 40mg daily. The Health Plan denied the request based upon a determination that the medication dosage was/is not medically necessary. The literature does recognize the use of Focalin in dosages as high as 40mg per day for certain individuals who have ADHD and have not responded to lower dosages of stimulants. Focalin is a potent stimulant, and there are some potential health concerns with prescribing this medication at a higher dose. A cardiac assessment should be carried out to rule out any pre-existing cardiac abnormalities. This may be accomplished through the patient's primary care provider in conjunction with a complete physical examination. Periodic monitoring of the patient's physical health status is also recommended. Focalin XR, 40mg daily, has been shown to be effective for this patient. Assuming there are no medical contraindications for the use of Focalin XR at this dosage, the clinical indications support the use of Focalin at the prescribed dosage. Objective measures of on-going efficacy such as the Conner Teacher rating scale are generally helpful in this context. In summary, although the prescribed Focalin XR dosage of 40mg daily exceeds the FDA recommendation, the literature does support this dosage for selective patients with ADHD. As there are potential side effects of a cardiac nature, if the patient's cardiac status has not been recently evaluated, such evaluation should occur as soon as possible. Therefore, I have determined the medication at issue was/is medically necessary for treatment of the patient's medical condition pending cardiac evaluation. The Health Plan's denial should be overturned.









# Department of Managed Health Care

#### Case Details

Reference ID #

MN06-5867

**Patient Age** 

Diagnosis Category

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

IMRO Determination

Overturned Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Male

Diagnosis Subcategory

Autism

**Treatment Subcategory** 

Speech Therapy

The patient is a four-year-old male who was diagnosed with autism in late 2005 at the age of three years and seven months. He began speech therapy in December 2005 following an evaluation where deficits in the areas of expressive, receptive, functional and pragmatic language were identified. His re-evaluation in March 2006 showed progress and he had a good prognosis for continued functional improvement according to the therapist's assessment. The patient is also followed by a developmental psychologist who recommends continued speech therapy sessions, twice per week to address expressive language delays. The parent's request for reimbursement for the speech therapy already provided and prospective authorization of speech therapy was denied by the Health Plan based upon a determination that the therapy was/is not medically necessary. Autism is a serious neuropsychiatric disorder of unknown cause with a potentially devastating impact on childhood development. Without age appropriate language skills, children with autism are disadvantaged in educational and social venues. According to the records provided for review, this patient has made positive strides with twice a week speech therapy. Although the etiology of autism is not clear, it is nonetheless a serious condition with significant impact. The March 2006 "Update Report" recommended an additional four months of therapy, at which time the patient's goal achievement and need for further therapy should be re-evaluated. As such, I have determined the speech therapy provided from November 2005 through July 2006 was medically necessary for treatment of the patient's medical condition. Authorization of continued speech therapy should be based upon the next re-evaluation in the July 2006 timeframe. The Health Plan's denial should be partially overturned.









# Department of Managed Health Care

#### **Case Details**

Reference ID #

MN06-5810

Patient Age

3

Diagnosis Category

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO** Determination

Upheld Decision of Health Plan

Type

**Medical Necessity** 

Patient Gender

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Occupational Therapy

#### Reviewer's Findings

The patient is a three-year-old male with a diagnosis of mild autism spectrum disorder. He has been evaluated by a pediatric neurologist and was referred for occupational therapy (OT). The patient has been receiving OT services from two different providers for several months and is reportedly making progress. The parent has requested continued authorization and coverage for 30 minute sessions of OT provided by Orange County Therapy Services. The Health Plan denied the request based on a determination that OT is not medically necessary for the treatment of the patient's sensory processing, motor skills and body awareness deficits. Additional OT services have been requested to address "overall sensory processing, feeding (oral motor and sensory processing), fine motor, body awareness, motor planning and postural control." A thorough review of two research data bases reveals no medical evidence that OT intervention to address these issues is effective. Consequently, the therapy cannot be considered medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be upheld.









Reference ID #

MN06-5805

**Patient Age** 

3

**Diagnosis Category** 

Mental

**Treatment Category** 

Mental Health Treatment

**IMRO Determination** 

Overturned Decision of Health Plan

Type

**Medical Necessity** 

Patient Gender

Female

Diagnosis Subcategory

Autism

Treatment Subcategory

Behavioral Therapy

#### Reviewer's Findings

The patient is a three-year-old female with significant autism. She has been treated with applied behavioral analysis, with reported benefit. The patient's parent has requested reimbursement for the past therapy as well as authorization and coverage for continued therapy. The Health Plan has denied this request on the basis that applied behavioral analysis was/is not medically necessary. Review of the relevant published literature on autism and its treatment reveals that the most effective treatment consists of applied behavioral analysis. It is a well-researched, evidence-based technique of intervention for children with autism spectrum disorders. Applied behavioral analysis uses an intensive, behaviorally based approach to intervention often referred to as discrete trials instruction, among other strategies. In the case of this patient, the submitted clinical information demonstrates she has shown some improvement with applied behavioral analysis. As such, the therapy was medically indicated and should be continued for one year with re-evaluation by the patient's provider at the end of the one-year period. Accordingly, I have determined the therapy at issue was/is medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be overturned.









# Department of Managed Health Care

#### **Case Details**

Reference ID #

MN06-5757

Patient Age

5

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Type

Medical Necessity

Patient Gender

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Speech Therapy

#### Reviewer's Findings

This patient is a 5 year 9 month old male with a diagnosis of autism. He has been receiving speech therapy twice per week since May 2002. He has been working on expressive language and pragmatic language during this time. He is followed by a developmental pediatrician, a pediatric psychiatrist and a pediatric neurologist. All of these physicians have recommended the patient receive ongoing speech therapy twice per week. The patient's parent has requested reimbursement for the speech therapy the patient received as of January 2006 as well as prospective authorization for continued speech therapy. The Health Plan has denied this request on the basis that speech therapy is not medically necessary for this patient. Upon review of the speech therapy reports it appears the therapy is primarily focused on expressive language delays, which are educational in nature. However, when evaluating the handwritten notes it is clear the context of the therapy is primarily directed toward pragmatic speech, which is more functionally based speech and affects the patient's ability to function in the community and not just in the classroom. Given the documented evidence of improvement from the patient's three physicians as well as the evidence of improvement in the speech therapy progress notes, the therapy at issue is medically warranted. The patient should continue to be followed by one of his physicians every six months. In addition, his speech therapist should provide an evaluation every six months documenting the patient's progress using objective measures. Based upon the information set forth above, I have determined the therapy at issue was/is medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be overturned.









### Department of Managed Health Care

#### **Case Details**

Reference ID #

MN06-5749

**Patient Age** 

6

**Diagnosis Category** 

Mentai

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Speech Therapy

The patient is a 6 year 10 month old male with a diagnosis of autism. He has been receiving speech therapy intermittently from the Swain Center since August 2004. He has also been receiving speech therapy twice a week for 25 minutes from the school district. The Swain Center is recommending the patient continue to receive private speech therapy twice weekly in addition to the therapy provided by his school. At issue is whether the requested speech therapy is medically necessary for the patient's diagnosis of autism. The Health Plan's denial should be upheld. Upon review of the submitted clinical information, including the physical therapy evaluations, the recommended goals for the patient address receptive and expressive language deficits, which are educationally-based goals, rather than pragmatic language goals and functional community skills. Furthermore, the submitted records demonstrate that over the last six months, none of the goals listed have been fully met and daily notes document little progress. Thus, it is unlikely that the requested therapy will result in measurable improvement in the patient's functional status. Therefore, I have determined that the requested therapy is not medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be upheld.











Reference ID #

EI06-5616

**Patient Age** 

11

**Diagnosis Category** 

Mental

Treatment Category

Alternative Treatment

IMRO Determination

Upheld Decision of Health Plan

Reviewer's Findings

Type

Experimental/Investigational

Patient Gender

Male

Diagnosis Subcategory

**Autism** 

Treatment Subcategory

Biofeedback

Physician 1: This case concerns an 11-year-old male patient with a complex neuropsychiatric problem diagnosed as attention deficit disorder and autism. He has been treated with Metadate with very little improvement and significant side effects. As an alternative to stimulant medications, the patient was treated with EEG neurofeedback from September 2005 through February 2006 and improvement in focus, social skills and anxiety level was noted by his parent. The Health Plan denied the parent's request for reimbursement for the therapy, citing the experimental/investigational nature of neurofeedback. EEG neurofeedback continues to be an investigational and experimental treatment modality and its efficacy in the treatment of ADHD and/or autism has not been established through peer-reviewed clinical research. It appears from the record provided, the patient did not respond well to stimulant medications. If his parent and provider feel there is a need to explore alternative treatment modalities, there are nonstimulant medications and behavioral approaches available with demonstrated efficacy in the management of ADHD and/or autism. Therefore, I have determined that the therapy at issue was not likely to be more beneficial for treatment of the patient's medical condition than any available standard therapy. The Health Plan's denial should be upheld. Physician 2: The patient is an 11-year-old male who a diagnosis of autistic spectrum disorder and attention deficit hyperactivity disorder (ADHD). There were multiple side effects with stimulant medications, and he was treated with EEG neurofeedback from September 2005 to February 2006 an attempt to decrease or discontinue the stimulants. The parent's request for reimbursement for the therapy was denied by the Health Plan based upon a determination that such treatment is experimental/investigational. The practice parameters published by the American Academy of Child and Adolescent Psychiatry generically refer to EEG neurofeedback as an "unproven" approach to the treatment of individuals with ADHD and/or autism. This therapy is at best, an investigational approach to the treatment of patients such as this one. Based on current standards of practice in child and adolescent psychiatry, I have determined that the therapy at issue was not likely to be more beneficial for treatment of the patient's medical condition than any available standard therapy. The Health Plan's





denial should be upheld. Physician 3: This patient is an 11-year-old male who appears to meet DSM-IV TR criteria for autistic disorder. Reviewing the submitted neurotherapy records, there appears to be no objective measure of improvement in the patient's condition. The patient's parent has submitted a request for reimbursement for EEG neurofeedback therapy provided from September 2005 through February 2006. The Health Plan has determined that this therapy remains unproven for the treatment ADHD or autism and denied the requested reimbursement. Based on a review of the literature, neurofeedback or neurotherapy, is a procedure with questionable clinical value in the treatment of autism or ADHD. There is no indication that neurofeedback is effective in the treatment of either condition. The recommended treatment approach for autism spectrum disorders is symptomatic, and often includes medical management. As the efficacy of EEG neurofeedback has not been established, I have determined that the therapy at issue was not likely to be more beneficial for treatment of the patient's medical condition than any available standard therapy. The Health Plan's denial should be upheld.











Reference ID #

MN06-5518

Patient Age

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

IMRO Determination

Upheld Decision of Health Plan

**Type** 

Medical Necessity

**Patient Gender** 

**Female** 

Diagnosis Subcategory

**Autism** 

Treatment Subcategory

Speech Therapy

#### Reviewer's Findings

The patient is a five-year nine-month old female with a history of developmental delays including expressive and receptive language delays. She has been receiving speech therapy since April 2005. She has had various diagnoses including ADHD and autism. Formal testing to demonstrate the diagnosis on the autism spectrum is not included in the information provided. Documentation from the therapist states the patient was evaluated at an autism clinic in January 2005, but she was not given a diagnosis of autism. The report goes on to state that a neurologist diagnosed the patient with a severe expressive language disorder and ordered an MRI and EEG. No test results have been provided. It is noted that the patient's brothers also had speech and language delays. At issue is whether continued speech therapy is medically necessary for the patient's diagnosis. Based upon the documentation provided, the patient's specific diagnosis is unclear (other than expressive and receptive language delay). Three different therapists have provided reports for this patient. The goals are altered slightly with each evaluation, making it difficult to determine if the original goals have been achieved. In any event, the goals listed are considered educational in nature. Given the absence of a clear diagnosis and the educational nature of the goals, I have determined that the requested therapy is not medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be upheld.









### Department of **Managed Health Care**

#### Case Details

Reference ID #

MN06-5487

**Patient Age** 

Diagnosis Category

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Type

Medical Necessity

**Patient Gender** 

Male

**Diagnosis Subcategory** 

Treatment Subcategory

Occupational Therapy

#### Reviewer's Findings

This patient is a six-year-old male with the diagnosis of autism who received speech therapy, occupational therapy and applied behavioral analysis through the local Regional Center until age three. He has been receiving private pay therapies since that time. It is unclear what services have been provided to the patient through the school system. An Autism Evaluation was performed through the Health Plan in September 2005. The recommendations at that time were to contact the local school district to receive an applied behavioral analysis program and to continue his current speech and occupational therapy through the local school district. The parents were also referred to a support group for autism. The parents have requested speech and occupational therapy for a combined total of 15 hours per week. The Health Plan denied the request based on a determination that the therapies are not medically necessary. In evaluating the medical necessity of the therapy services I reviewed the medical literature and found no clinically controlled studies that support or refute the efficacy of speech or occupational therapy in the treatment of autism. However, for many years these therapies have been considered an integral part of an overall autism treatment plan. Based on long-term experience in treating children with chronic health care needs and clinical judgment, two essential considerations in determining the medical necessity of therapeutic intervention have been identified. First, are the goals outlined in the therapy progress reports functional in nature or are they goals that would primarily be related to educational/learning issues? Second, do the progress reports document gains over a reasonable amount of time? Given this is a chronic disorder, six months is a reasonable time frame. Speech therapy The progress report dated February 2006 stated goals of (1) increased social interactions (appropriate yes/no response); (2) increased dyad communication; and (3) increasing receptive understanding to one-step commands. Although these goals are very broad and should be better defined, they are functional goals involving skills needed to function in everyday society. The scope of the skills extends beyond the classroom and is not exclusively related to educationally based activities (e.g. grammar skills, writing skills, developmental articulation issues). With respect to the documentation of functional gains, true baseline data was not provided, however the





most recent report documents the achievement of goals established in the previous evaluation period. Therefore, I consider the speech therapy as provided, (four times per week) medically necessary. Future goals should be more specific and directed toward the integration of the patient into society (pragmatic communication skills) and evaluated at six-month intervals in terms of a quantifiable goal attainment scale. Occupational therapy In the progress report dated February 2006 the goals of the therapy are poorly outlined and are divided between educationally based goals and functional goals. Clearly, dressing skills (donning and doffing socks, buttoning buttons) are functionally based goals, while imitating a line and decreasing self stimulation are more related to behavior and educationally based therapy. The progress report and daily notes provided do not adequately document improvement in function over the threemonth period that was evaluated. Without documentation of the baseline level of function and achievement of identified functional goals over a reasonable time period, I consider the medical necessity for occupational therapy has not been established. Based upon the information set forth above, I have determined a portion of the requested theraples is medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be partially overturned.









Reference ID #

MN06-5463

**Patient Age** 

5

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Type

Medical Necessity

Patient Gender

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Speech Therapy

#### **Reviewer's Findings**

This patient is a five-year-old male with a diagnosis of autism accompanied by receptive and expressive language delays. He received speech therapy and auditory processing therapy from April 2005 through November 2005. The patient's parent has requested reimbursement for the cost of the auditory processing therapy. The Health Plan denied the request based on a determination that the therapy was not medically necessary for treatment of the patient's receptive and expressive language delays. I have reviewed the available literature including a Cochrane review of auditory integration training (AIT). There is no evidence of functional benefit with AIT and the available data does not support the application of the therapy. Additionally, any suggestion of an improvement in language skills related to the auditory processing therapy is questionable as the patient was receiving concomitant speech therapy, which could be the sole basis for his gains. Therefore, I have determined the therapy at issue was not medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be upheld.











Reference ID #

MN06-5334

**Patient Age** 

Diagnosis Category

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

**Type** 

Medical Necessity

Patient Gender

Male

**Diagnosis Subcategory** 

Autism

Treatment Subcategory

Occupational Therapy

#### **Reviewer's Findings**

The patient is a seven-year-old male with a reported history of Asperger's syndrome who has received an initial evaluation for sensory integration therapy in August 2005 and visits from September 2005 through October 2005. He is working primarily on a sensory deficit. The submitted records do not include documentation from a developmental pediatrician or pediatric psychiatrist confirming a diagnosis of Asperger's syndrome. The Health Plan has denied coverage for past and future sensory integration occupational therapy on the basis that it is not medically necessary. Although sensory integration therapy is the standard of care for autism spectrum disorder, review of the submitted clinical information reveals no documentation of the diagnosis of Asperger's syndrome from a physician. Sensory integration abnormalities, in and of themselves, are not a diagnosis but rather symptoms. The therapy at issue is not medically warranted in the absence of a confirmed medical diagnosis. Accordingly, I have determined that the therapy at issue is not medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be upheld.









#### **Case Details**

Reference ID #

MN06-5276

**Patient Age** 

8

Diagnosis Category

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

IMRO Determination

Overturned Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Speech Therapy

This patient is an eight -year-old male with a diagnosis of autism who has been receiving speech therapy since 2002. A review of the speech therapy records demonstrates progress in expressive language skills; the most recent testing in August 2005 indicates his expressive language skills are within normal limits. The patient's pragmatic language skills continue to be delayed. The goals for pragmatic skill development include communication with a partner in asking questions, transitioning topics, sustaining attention on topics and non-verbal communication during a conversation. They are also working on the rate of speed for speech, \th\ sounds and social speech. The patient's mother has requested reimbursement for the speech therapy provided in October 2004. The Health Plan concluded the therapy at issue is not medically necessary, and denied her request. The clinical records from the speech therapist indicate there are continued deficits in the patient's pragmatic speech, but that he is making progress. I reviewed the literature to determine what standardized testing is available in the area of pragmatic speech and found very little. The Pragmatics Profile of the CELF-4 used in this case appears to be the most accurate test available. Pragmatic speech delays are a primary delay in children with autism. When working with these delays, treatment success is measured in years not months. The therapist in this case has documented objective evaluations and gains sufficient to conclude the patient has benefited from his previous therapy and is likely to benefit from continued therapy. Periodic retesting using the Pragmatics Profile, or a newer evaluation tool if available, should occur at six-month intervals to evaluate for continued improvement. Based upon the information set forth above, I have determined the therapy at issue is medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be overturned.







State of California

#### **Case Details**

Reference ID #

MN05-4995

**Patient Age** 

7

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

**Type** 

Medical Necessity

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Speech Therapy

This patient is a seven-year-old male with a diagnosis of Asperger's syndrome who has been receiving speech therapy since 2003 for receptive and expressive speech delays. He has made gains according to his therapist who has recommended ongoing speech therapy to address pragmatics and social speech, vocabulary, following directions and transitions between activities. A request has been made for reimbursement for speech therapy services the patient received from January 2005 through May 2005. The Health Plan has denied coverage indicating the therapy received was not medically necessary. Upon review of the monthly speech therapy progress notes and the session notes there are subjective descriptions that suggest the patient is making progress. However, the objective goals have remained essentially unchanged over a six-month period. Progress to goals was minimal except for objective number one with a change from a 65% accuracy level to a 70% accuracy level. The speech therapy reports do not objectively identify significant improvement over the timeframe addressed. Therefore, I have determined the therapy at issue was not medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be upheld.











Reference ID #

MN05-4989

Patient Age

10

**Diagnosis Category** 

Mental

**Treatment Category** 

Mental Health Treatment

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

Patient Gender

Male

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Behavioral Therapy

The patient is a 10-year-old male with the diagnosis of Asperger's syndrome. He currently attends a special school and has attended a camp and group sessions to improve his socialization over the last two years. A review of the notes from the peerinvolved group therapy demonstrates initial progress and improvement in most of the target areas with an apparent plateau. The parents request that the Health Plan provide coverage for this group socialization program, but the request has been denied on the basis that the therapy is not directed toward acute mental health issues and is not medically necessary. Though a review of the literature suggests that socialization with behavioral modification can be helpful in Asperger's syndrome, in this case the patient has been receiving peer-involved group therapy for several years and seems to have reached a plateau. Given the documentation provided, continued therapy was not medically warranted beyond July 2005. Additionally, such therapy has historically been included as part of the student's school curriculum through the IEP program. Therefore, I have determined the therapy at issue was/is not medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be upheld.







Managed Health Care



### Case Details

Reference ID #

MN05-4870

**Patient Age** 

15

**Diagnosis Category** 

Mental

**Treatment Category** 

Preventive Health Screening

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

**Patient Gender** 

Male

**Diagnosis Subcategory** 

Autism

**Treatment Subcategory** 

Other

This case involves a 15-year-old male who has been diagnosed with Asperger's syndrome. The patient's parent is concerned that the patient may have been exposed to mercury or other toxins either in utero or during early childhood. A request has been made for authorization for laboratory testing to determine the presence of mercury or other toxins. The Health Plan has denied coverage for the requested laboratory testing on the basis it is not medically necessary for this patient. Though the possibility of mercury in immunizations as a cause of any of the autistic variants is remote, there is some evidence to suggest maternal mercury levels during pregnancy (i.e., from fish) may be a cause of autism. Laboratory testing of the levels of mercury and other toxins is a medically indicated and appropriate evaluative service for this patient. Therefore, I have determined the requested laboratory testing is medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be overturned.









#### **Case Details**

Reference ID #

MN05-4811

**Patient Age** 

11

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Type

Medical Necessity

**Patient Gender** 

**Female** 

Diagnosis Subcategory

**Autism** 

**Treatment Subcategory** 

Speech Therapy

#### **Reviewer's Findings**

The parents of an 11-year-old female are requesting authorization for speech therapy for her diagnosis of severe autism with global developmental delay and impairment in all functional areas of language. The patient's primary care physician described the patient in June 2005 as `basically non-verbal." The patient has been enrolled in outpatient speech therapy since October 2002. During this period there were two interruptions of approximately 4-5 months each during which the patient was taken to China for alternative therapy (acupuncture). The patient has recently completed a 12-week course of speech therapy and her parents and therapists are requesting authorization for ongoing speech therapy in 12-week increments. The Health Plan has denied this request indicating continued speech therapy is not medically necessary for treatment of the patient's condition. Review of the submitted clinical information indicates the patient has had several years of twice weekly speech therapy since October 2002. She remains basically non-verbal in the eyes of her primary care doctor. To date, none of the nine goals of therapy that were established have been accomplished. Three of the goals are scored as `not met,` one goal is scored as `partially met` and three goals are listed as ongoing.` Upon detailed review of the progress report it is evident the patient has not demonstrated significant, sustainable improvement in any of her speech or communication goals and therefore, additional therapy is not likely to have clinical value. Based upon the information set forth above, I have determined the requested therapy is not medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be upheld.











Reference ID #

MN05-4730

Patient Age

5

Diagnosis Category

Mental

Treatment Category

Acute Medical Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Type

**Medical Necessity** 

Patient Gender

Male

**Diagnosis Subcategory** 

**Treatment Subcategory** 

Speech Therapy

#### Reviewer's Findings

The patient is a five-year-old male diagnosed with autism/pervasive developmental disorder with an associate mixed receptive and expressive language delay. The patient has been receiving speech therapy services since May 2003. Goals established included improvement in pragmatic language, increase in expressive vocabulary, combining word to phrases and following directions. The Health Plan has denied coverage for speech therapy from January 2005 onward on the basis that speech therapy is not medically necessary for this patient. In reviewing the goals as outlined in May 2003 and comparing them with the summary dated May 2005 there is sufficient evidence the patient has been making gains. These gains have been slow, but the goals and objectives are appropriate and he has achieved the goals. Given that the patient's therapist provided appropriate goals and there have been documented gains in these goals, I have determined that continued speech therapy is medically necessary for treatment of the patient's medical condition. Therefore, the Health Plan's denial should be overturned. The patient should continue to receive speech therapy services with re-evaluation in six months.









Reference ID #

MN05-4699

Patient Age

4

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

Patient Gender

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Occupational Therapy

The patient is a four-year-old male who was diagnosed with autism in June 2003. He began receiving speech therapy in February 2003 and occupational therapy in November 2003. Currently the patient's receptive and expressive speech is delayed with only one to two word combinations. The patient follows one-step commands and can respond to direction with context. He engages in parallel play, but has minimal interactive socialization. He continues to have significant concentration/distractibility issues and continues to have difficulty with fine motor skills and poor motor planning. He is imitating sounds in his environment and is able to respond to simple questions. The Health Plan has denied coverage for occupational and speech therapy services on the basis they are no longer medically necessary. I have reviewed all the information provided, including the DVDs. While the DVDs demonstrate some improvement with the patient's ability to respond to his environment and simple use of language, the occupational and speech therapists do not document substantial gains over the two years of therapy the patient has received. The patient's initial evaluations do not include objective testing to document the patient's deficits. Although the patient made some progress towards his goals in speech therapy, he has not met any of his goals over two years of therapy. Furthermore, there is no evidence of follow-up, objective testing. Regarding occupational therapy there is no evidence of objective standardized testing or intermittent reports and the daily reports are not specific and do not relate to specific goals. Because of the lack of objective evidence regarding the patient's deficits as well as the lack of evidence demonstrating substantial gains during the patient's course of therapy, I have determined the requested services are not medically necessary. Therefore, the Health Plan's denial should be upheld.











Reference ID #

MN05-4646

**Patient Age** 

10

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

IMRO Determination

Upheld Decision of Health Plan

Reviewer's Findings

**Type** 

Medical Necessity

Patient Gender

Male

Diagnosis Subcategory

**Autism** 

**Treatment Subcategory** 

**Occupational Therapy** 

The patient is a 10-year-old male with autism who has been receiving occupational therapy and individual speech therapy for many years. He also has a history of seizure disorder, sensory integrative dysfunction symptoms and dyspraxia. The patient's therapist notes that progress has been difficult secondary to the patient's behavioral and mood issues. The therapist has documented some gains in speech specifically with sight words, and the use of two to four word phrases. The patient's therapist has recommended a decreased frequency of two therapy sessions per week. At issue is whether continued speech and occupational therapy is medically necessary for treatment of the patient's autism. Upon review of the submitted records, there appears to be an inconsistency between the therapy goals listed in the July 2004 evaluation and those in the progress report dated 1/25/05. There is no evidence in the submitted materials that the patient achieved the goals established in July 2004. Furthermore, several goals in the January 2005 report are related as much to the home program as to the actual therapy. Based upon the documentation provided, there is insufficient evidence the patient has made significant progress with therapy. As such, it is unlikely the patient will experience clinical benefit from continued therapy. Therefore, I have determined that the requested therapy is not medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be upheld.











Reference ID #

MN05-4588

**Patient Age** 

12

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

**Reviewer's Findings** 

Туре

Medical Necessity

Patient Gender

Male

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Speech Therapy

The patient is a 12-year-old male with a diagnosis of autism who has been receiving speech therapy since June 2002. According to documents provided, he has made significant gains in speech during that time. He is now age appropriate for expressive and receptive language skills. He continues to show deficits in problems solving, pragmatic language skills, and verbal language processing. At issue is whether continued speech therapy for the deficits documented is medically necessary. In reviewing the speech therapy reports, I find sufficient documentation that this patient continues to make gains in therapy that warrant continued therapy. Social speech and communication are not solely determined by expressive and receptive language; rather, age appropriate communication also relies on problem solving and pragmatic language skills. Although the literature does not document well the benefits of one-on-one speech therapy for pragmatic speech delay, the patient has experienced significant progression in these areas as documented by the patient's therapist. It is well documented in speech therapy texts and developmental pediatrics texts that improvement in speech therapy for a diagnosis of autism is measured in years rather than months. Thus, I find the progress shown in this patient and the expected improvements to be reasonable and predictable. Therefore, I have determined that the requested therapy is medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be overturned. The patient should continue to receive speech therapy twice weekly with re-evaluation in six months.









#### Case Details

Reference ID #

MN05-4565

**Patient Age** 

**Diagnosis Category** 

Mental

Treatment Category

Acute Medical Services - Outpatient

**IMRO** Determination

Upheld Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

Patient Gender

Male

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Speech Therapy

The patient is an eight-year-old male diagnosed in April 2000 with autism. He has been receiving speech therapy since 2001. He continues to have significant speech delays. As documented by his therapist, the patient's vocabulary is between 40-50 words. The patient and his therapist have also been working on "who" statements with some success. At issue is whether continued speech therapy is medically necessary for treatment of the patient's medical condition. Upon review of the submitted therapy notes since September 2004, there has been some improvement primarily in vocabulary and receptive and expressive language skills. However, in reviewing the most recent progress reports dated March 2005 and May 2005 there is no documentation showing discrete functional goals. In addition, the March 2005 evaluation relies on testing performed three months earlier. Similarly, the May 2005 progress report relies on testing performed six months earlier. Thus, no standardized testing has been provided which documents improvement. Based upon the information provided, a well-defined treatment plan and goals have not been established for this patient. Furthermore, individualized speech therapy has not been well documented in the medical literature to significantly improve autism. As such, continued speech therapy is not medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be upheld.









#### Case Details

Reference ID #

MN05-4512

**Patient Age** 

3

**Diagnosis Category** 

Mental

**Treatment Category** 

Mental Health Treatment

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Partial Hospitalization

The patient is a three-and-a-half-year-old male diagnosed with autism who has had a regression of speech since the age of 18 months. As a function of his autism the patient has significant maladaptive behavior including severe perseverations, tantrums, and sensory-seeking behaviors including pelvic stimulation, spinning in circles, tilting his head, screaming, and jumping up and down. He was admitted to an early childhood partial hospitalization program in November 2004. Upon review of the multi-disciplinary progress reports, the patient has made excellent gains in his behavior. The Health Plan has recommended discontinuing the partial hospitalization program and beginning more traditional services provided by the school and regional center when available. At issue is whether continued partial hospitalization services are medically necessary for treatment of the patient's condition. Though there is little scientific literature either in support of or against hospital-based programs for the treatment of autism, such programs are available and considered appropriate in situations in which extreme behavior are present. Such is the case with this patient. The recommendations of the patient's treating physician and psychologist are to maintain the program until they complete training and have formalized the outpatient applied behavioral analysis program. Allowing the patient to return to the community without proper services in place is potentially harmful to the patient and would possibly allow the patient to regress. Therefore, the patient should complete the program and should be appropriately transitioned to an applied behavioral analysis program and school setting. Based upon the information set forth above, I have determined the requested services are medically necessary for treatment of the patient's medical condition. Therefore, the Health Plan's denial should be overturned.









#### Case Details

Reference ID #

MN05-4314

**Patient Age** 

6

Diagnosis Category

Mental

Alternative Treatment

Upheld Decision of Health Plan

**Treatment Category** 

**IMRO Determination** 

**Reviewer's Findings** 

Type

Medical Necessity

**Patient Gender** 

Male

**Diagnosis Subcategory** 

Autism

Treatment Subcategory

Play Therapy

This patient is a six-year-old male who was diagnosed in 2002 with autism. He received weekly social skills group therapy from January 2003 to June 2004, which was covered by the Health Plan. Since September 2004 the patient has been receiving social skills group therapy through Developmental Pathways for Kids. The patient's parents have requested authorization and coverage for social skills group therapy. The Health Plan has denied the request on the basis the requested therapy is not medically necessary for treatment of the patient's medical condition. In reviewing the submitted literature, the specific therapy concept as developed by Dr. Wolfberg is supported by retrospective or .case-control studies that are of small scale, one of which was a master's thesis presentation. None of the articles provided demonstrate social skills group therapy for autism is equal or superior to standard therapy or educational training. Additionally, these therapies have historically been included as part of the student's school curriculum through the IEP program. As such, the alternative recommended by the Health Plan is an acceptable alternative and is appropriate for treatment of the patient's condition. Therefore, I have determined the requested therapy is not medically necessary. The Health Plan's denial should be upheld.











Reference ID #

MN05-4313

Patient Age

9

**Diagnosis Category** 

Mental

**Treatment Category** 

Pharmacy/Prescription Drugs

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Brand versus Generic

The patient is a nine-year-old male who has been diagnosed as autistic and depressed. The patient's parent indicates the patient has benefited from treatment with Celexa. The patient's parent reports the patient is more aggressive on generic drugs. The Health Plan indicates there is no evidence Celexa is medically necessary for the patient. At issue is the brand name Celexa versus generic citalopram for treatment of a nine-year-old male. Though the patient's parent indicates citalopram has not been effective, there is no documented evidence a higher dose (+10 mg/d) of citalopram has been tried to see if the patient improves. Furthermore, review of the medical literature does not provide sufficient evidence of the superiority of the brand name over generic for this medication. Therefore, I have determined that the requested medication is not medically necessary for the treatment of the patient's medical condition. The Health Plan's denial should be upheld.









#### **Case Details**

Reference ID #

MN05-4179

Patient Age

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

**Diagnosis Subcategory** 

Autism

Treatment Subcategory

Speech Therapy

The patient is a four-year-old male with a diagnosis of autism who has been receiving speech therapy to treat the issues of delayed receptive language skills, social skills, and pragmatic speech. The patient has undergone developmental assessment including applied behavioral analysis evaluation, Rosetti Infant-Toddler Language Scale, and the Preschool Language Scale 4th Edition. He had difficulty completing the standardized testing. The informed testing and observation are the primary tools used to evaluate progress. The patient's parents have requested coverage for continuation of the patient's speech therapy. The Health Plan has denied the request on the basis that speech therapy is not medically necessary for treatment of the patient's condition. The diagnosis of autism does not appear to be in dispute and based upon the evaluation of the child neurologist and psychologist, the patient's diagnosis is substantiated. It is not uncommon for preschool age children with moderate to severe autism to be incapable of completing standardized testing. Many of the tests are not valid in children without autism until age three. In addition, the goals set in speech therapy typically are not on a linear scale as is seen with a physical scale such as the FIM or WeeFIM. Gains in autism can fluctuate and thus trends rather than discrete trial progress need to be followed. This is more a failure of the medical community's understanding of autism and the poor quality of tools that are available to measure progress than a demonstration of lack of progress. Therefore, the speech therapist's documentation of progress toward the goals is sufficient evidence that the patient is progressing. Because speech therapy is considered standard of care in autistic children with receptive expressive and pragmatic speech delays and since the patient is making progress, I have determined the requested therapy is medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be overturned. The patient should undergo a reevaluation in six months to determine if progress is still being made.











Type

Autism

Medical Necessity

**Patient Gender** 

**Diagnosis Subcategory** 

Treatment Subcategory

Reference ID #

MN04-3803

**Patient Age** 

13

Mentai

**Diagnosis Category** 

**Treatment Category** 

Diagnostic Imaging, Screening and Testing CT Scan

IMRO Determination

Upheld Decision of Health Plan

**Reviewer's Findings** 

The patient is a 13-year-old male with autism, attention deficit disorder, and behavior problems. It has been suggested that the patient undergo a single-photon emission tomography (SPECT) scan to determine the cause of his neuropsychiatric problem. The Health Plan has denied coverage for the SPECT scan on the basis that it is not medically necessary for evaluation of the patient's condition. Review of the medical literature reveals SPECT has not been useful in the evaluation and specific treatment of neuropsychiatric disorders. SPECT scans provide information regarding brain function by documenting changes from moment to moment as the patient's brain function changes; however, SPECT scanning does not provide a more accurate diagnosis than clinical observation and testing. Further, there is no evidence that information gleaned from SPECT scanning would alter the recommended treatment. Therefore, I have determined that the requested SPECT scan is not medically necessary for evaluation of the patient's medical condition. The Health Plan's denial should be upheld.









#### Case Details

Reference ID #

MN04-3800

Patient Age

**Diagnosis Category** 

Mental

Treatment Category

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

Patient Gender

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Speech Therapy

The patient is a six-year-old male with a diagnosis of attention deficit hyperactivity disorder (ADHD) and autism. He has been receiving speech therapy for treatment of autism. The patient's therapist has recommended that speech therapy be continued. The Health Plan has determined the requested therapy is not medically necessary for treatment of the patient's condition. There is very little literature regarding auditory processing, autism, and speech and language in the area of pragmatics. Most of the evidence involves single case studies or cohort designs with no randomization or blinding. There is still controversy regarding the existence of auditory processing as a distinct disorder. With regard to autism, the only treatment that has been shown to be beneficial is applied behavioral analysis. Furthermore, the issue of pragmatics is considered a learning disability. Upon review of the submitted speech therapy reports the goals outlined in the September 2003 report do not appear to be adequately documented. Based on this documentation, it is not possible to determine if the goals have been met, not met or abandoned because the goals from the July 2004 report in no way correlate to the previous goals. Thus, the medical need for continued speech therapy is not supported by the medical literature or by the patient's prior experience with speech therapy. Therefore, I have determined that the requested therapy is not medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be upheld.











Reference ID #

MN04-3791

**Patient Age** 

7

**Diagnosis Category** 

Mental

**Treatment Category** 

Acute Medical Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

**Type** 

Medical Necessity

Patient Gender

Male

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Speech Therapy

The patient is a seven-year-old male with a diagnosis of high-functioning autism with documented severe language delays as shown on the clinical evaluation of language fundamentals revised (CELF-R). He also has mild oral-motor impairment, severe receptive language and expressive language skills. The patient is in a special day class at school and receives speech therapy twice per week. The evaluating therapist has recommended additional speech therapy two times per week. The Health Plan has denied authorization and coverage for the requested therapy on the basis that it is not medically necessary for treatment of the patient's condition. Review of current medical literature reveals no evidence that intensive speech therapy at four times per week is superior to the amount of therapy the patient is already receiving. Additionally, the speech therapist who recommended more intensive therapy did not identify specific goals establishing the need for the additional therapy. The submitted evaluations do not delineate between the goals of therapy performed by the school and the goals established through additional therapy. Therefore, I have determined that the requested therapy is not medically necessary for the treatment of the patient's medical condition. The Health Plan's denial should be upheld.











Reference ID #

MN04-3706

Patient Age

**Diagnosis Category** 

Mental

Treatment Category

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Speech Therapy

The patient is a nine-year-old male who has been diagnosed with autism. He has received speech therapy since 1998. Documented speech testing results reveal the patient continues to be approximately two years behind in language skills with receptive language and expressive language at less than 1 percentile in most categories. Clinical evaluation of language (CELF) testing shows the patient's overall language in most categories is less than the 25th percentile. At issue is whether continued speech therapy is medically necessary for treatment of the patient's medical condition. Current medical literature fails to establish the efficacy of speech therapy in the treatment of autism. Furthermore, because the loss of speech and other behavioral issues are related to communication and social issues associated with autism there is no medical indication for speech therapy for patients such as this patient. In cases such as this, speech therapy can typically be appropriately provided through means other than individual therapy. Therefore, I have determined that the requested therapy is not medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be upheld.







Reference ID #

MN04-3476

**Patient Age** 

**Diagnosis Category** 

Mental

Treatment Category

Rehabilitation Services - Outpatient

**IMRO** Determination

Overturned Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

Patient Gender

Male

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Occupational Therapy

The patient is a four-year-old male who has been diagnosed with autism, sensory processing problems, delays in self-care/feeding problems, and delays in fine motor/adaptive skills. The patient has been receiving occupational therapy since March 2003. A request has been made for continuing occupational therapy including sensory integration therapy one time per week for six months. The Health Plan has denied the request on the basis that the requested therapy is not medically necessary. Autism is a complex, difficult disease. Responses are at times in small increments. There are many treatment modalities, but few are universally accepted. Occupational treatment including a sensory integration component is a reasonable treatment approach for this patient. Therefore, I have determined that the requested therapy is medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be overturned. The patient should receive occupational therapy including sensory integration therapy once a week for a three-month period with transition to a home program at the end of the three-month period.











Reference ID #

MN04-3445

Patient Age

7

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

Patient Gender

Male

**Diagnosis Subcategory** 

Autism

**Treatment Subcategory** 

Occupational Therapy

The patient is a seven-year-old male who has been diagnosed with autism with significant developmental delay. The patient has been receiving weekly occupational therapy to help develop age appropriate oral motor, fine motor, and gross motor coordination. The patient's therapist has requested continued weekly therapy for four months. The Health Plan has approved twice-monthly occupational therapy visits for a four-month period. Review of the submitted materials indicates the patient has been receiving occupational therapy since December 2001. There are multiple clinical notes suggesting the patient has made some progress, but continues to be below age appropriate levels. However, there is no consistent baseline data. Given the subjective nature of the patient's current level of function and the relatively vague goals (i.e., demonstrate increased utensil use, demonstrate increased dynamic balance, etc.), it cannot be definitively determined that weekly occupational therapy is more appropriate than twice-weekly therapy. Thus, while continued occupational therapy is medically necessary to help with the patient's developmental skills, there is not sufficient evidence to determine that weekly occupational therapy is indicated. However, the patient should be re-evaluated at the end of the four-month period to assess if he requires continued occupational therapy, more frequent occupational therapy, or decreasing occupational therapy. Based upon the information set forth above, I have determined that the requested therapy is not medically necessary for treatment of the patient's medical condition. Therefore, the Health Plan's denial should be upheld.











Reference ID #

MN04-3437

**Patient Age** 

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Type

Medical Necessity

**Patient Gender** 

Male

Diagnosis Subcategory

Treatment Subcategory

Speech Therapy

#### Reviewer's Findings

The patient is a six-year-old male diagnosed with autism spectrum disorder, including significant speech and language delay. He has been in individual speech and language therapy since April 2001. A report from the patient's speech therapist in November 2003 indicated the patient experienced significant improvement in all areas. The Health Plan indicates that continued individual speech therapy is not medically necessary due to a lack of documented functional progression over the past three to six months. Intense speech and language therapy is often helpful in the treatment of autism spectrum disorder. The patient has been in individual speech and language therapy since April 2001. The detailed and thorough speech and language therapy progress reports document significant functional progress, specifically in the areas of gestures, play, and language comprehension and language expression. The submitted existing evidence suggests that the patient is making progress and that continued individual speech therapy is medically indicated. Therefore, I have determined that the requested therapy is medically necessary for treatment of the patient's medical condition. The patient should receive three-60 minute sessions of speech therapy per week. The patient's progress should be reevaluated at least quarterly and should be continued as long as significant functional progress is demonstrated. As such, the Health Plan's denial should be overturned.











Reference ID #

MN04-3365

**Patient Age** 

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO** Determination

Overturned Decision of Health Plan

Type

**Medical Necessity** 

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Speech Therapy

#### Reviewer's Findings

The mother of a four-year-old male enrollee requested authorization and coverage of continued speech therapy. The Health Plan denied the request indicating that the requested therapy is not medically necessary for treatment of the enrollee's autism. One physician reviewer performed a medical necessity Independent Medical Review. The physician reviewer overturned the Health Plan's denial on the basis that the requested therapy is medically necessary.











Reference ID #

MN04-3322

Patient Age

8

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Type

**Medical Necessity** 

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Speech Therapy

**Reviewer's Findings** 

The father of an eight-year-old male enrollee requested authorization and coverage of continued speech therapy. The Health Plan denied the request indicating that the requested therapy is not medically necessary for treatment of the enrollee's speech and language disorder. One physician reviewer performed a medical necessity Independent Medical Review. The physician reviewer overturned the Health Plan's denial on the basis that the requested therapy is medically necessary.









#### **Case Details**

Reference ID #

EI03-3199

**Patient Age** 

6

**Diagnosis Category** 

Mentai

**Treatment Category** 

Mental Health Treatment

**IMRO** Determination

Overturned Decision of Health Plan

Type

Experimental/Investigational

Patient Gender

Male

**Diagnosis Subcategory** 

Autism

**Treatment Subcategory** 

Behavioral Therapy

#### **Reviewer's Findings**

The mother of a six-year-old male enrollee requested authorization and coverage of applied behavioral analysis therapy for treatment of the enrollee's medical condition. The Health Plan denied the request indicating that the requested therapy is considered experimental for the treatment of the enrollee's autism. Three physician reviewers performed an experimental/investigational Independent Medical Review. Two of the three physician reviewers concluded that the requested therapy is likely to be more beneficial for treatment of the enrollee's medical condition than any available standard therapy. One physician reviewer concluded that the requested therapy is not likely to be more beneficial for treatment of the enrollee's medical condition than any available standard therapy. Because two of the three physician reviewers concluded that the requested therapy is likely to be more beneficial for treatment of the enrollee's medical condition than any available standard therapy, the Health Plan's denial has been overturned.











Reference ID #

MN03-3102

**Patient Age** 

Diagnosis Category

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Type

Medical Necessity

**Patient Gender** 

Male

Diagnosis Subcategory

**Autism** 

Treatment Subcategory

Speech Therapy

#### **Reviewer's Findings**

The mother of a seven-year-old male enrollee requested authorization and coverage of additional speech therapy. The Health Plan denied the request indicating that the requested therapy is not medically necessary for treatment of the enrollee's autism. One physician reviewer performed a medical necessity Independent Medical Review. The physician reviewer overturned the Health Plan's denial on the basis that the requested therapy is medically necessary.











Reference ID #

MN03-2986

**Patient Age** 

8

**Diagnosis Category** 

Mental

**Treatment Category** 

**Alternative Treatment** 

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Other

The mother of an eight-year-old male enrollee requested authorization and coverage of sensory integration therapy for treatment of the enrollee's medical condition. The Health Plan denied the request indicating that the requested therapy is not medically necessary for treatment of the enrollee's autism. One physician reviewer performed a medical necessity Independent Medical Review. The physician reviewer overturned the Health Plan's denial on the basis that six more months of the requested therapy is medically necessary.







#### Case Details

Reference ID #

MN03-2931

**Patient Age** 

5

Diagnosis Category

Mental

**Treatment Category** 

Acute Medical Services - Inpatient

**IMRO Determination** 

Overturned Decision of Health Plan

**Reviewer's Findings** 

Type

**Medical Necessity** 

**Patient Gender** 

Male

Diagnosis Subcategory

**Autism** 

Treatment Subcategory

Admission

The father of a 5-year-old male enrollee requested authorization and coverage of admission to a partial hospitalization program for treatment of the enrollee's medical condition. The Health Plan denied the request indicating that the requested services are not medically necessary for treatment of the enrollee's autism. One physician reviewer performed a medical necessity Independent Medical Review. The physician reviewer overturned the Health Plan's denial on the basis that the requested services are medically necessary depending upon the results of an updated evaluation.







#### **Case Details**

Reference ID #

MN03-2703

**Patient Age** 

4

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Male

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Speech Therapy

The parents of a four-year-old male enrollee requested authorization and coverage of continuing speech therapy. The Health Plan denied the request indicating that the requested therapy is not medically necessary for treatment of the enrollee's autism. One physician reviewer performed a medical necessity Independent Medical Review. The physician reviewer overturned the Health Plan's denial on the basis that the requested therapy is medically necessary.











Reference ID #

MN03-2671

Patient Age

3

**Diagnosis Category** 

Mental

**Treatment Category** 

Mental Health Treatment

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

Patient Gender

**Female** 

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Behavioral Therapy

The father of a three-year-old female enrollee requested authorization and coverage of applied behavioral analysis therapy. The Health Plan denied the request indicating that the requested therapy is not medically necessary for the treatment of the enrollee's autism. One physician reviewer performed a medical necessity Independent Medical Review. The physician reviewer upheld the Health Plan's denial on the basis that the requested therapy is not medically necessary.









#### Case Details

Reference ID #

MN03-2555

**Patient Age** 

14

**Diagnosis Category** 

Mental

Treatment Category

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Female

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Speech Therapy

The mother of a 14-year-old female enrollee requested authorization and coverage of speech therapy. The Health Plan denied the request indicating that the requested therapy is not medically necessary for the treatment of the enrollee's autism. One physician reviewer performed a medical necessity Independent Medical Review. The physician reviewer overturned the Health Plan's denial on the basis that the requested therapy is medically necessary.











Reference ID #

EI02-1392

**Patient Age** 

Not Available

**Diagnosis Category** 

Mental

Treatment Category

Mental Health Treatment

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Experimental/Investigational

**Patient Gender** 

Not Available

Diagnosis Subcategory

**Autism** 

**Treatment Subcategory** 

Behavioral Therapy

The parents of a male enrollee requested authorization and coverage of applied behavior analysis therapy for the treatment of autism. The health plan denied the enrollee's request indicating that the requested treatment is experimental. Three physician reviewers performed an experimental/investigational Independent Medical Review. Each of the three physician reviewers concluded that applied behavior analysis therapy is not likely to be more beneficial for treatment of the enrollee's autism than any available standard therapy. Because all three physician reviewers concluded that the requested treatment is not likely to be more beneficial for treatment of the enrollee's medical condition than any available standard therapy, the review organization upheld the health plan's denial.











Reference ID #

MN03-1380

**Patient Age** 

Not Available

**Diagnosis Category** 

Mental

**Treatment Category** 

Mental Health Treatment

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Not Available

Diagnosis Subcategory

Autism

**Treatment Subcategory** 

Psychotherapy

A 47-year-old female enrollee requested authorization and coverage of individual psychotherapy two times a week, day treatment three times a week, and continued psychiatric care for the treatment of an autistic disorder. The Health Plan denied the enrollee's request indicating that the requested treatment is not medically necessary. One physician reviewer performed a medical necessity Independent Medical Review. The physician reviewer overturned the health plan's denial on the basis that the requested services are medically necessary for treatment of the patient's medical condition.

California











#### Case Details

Reference ID #

MN02-1299

**Patient Age** 

Not Available

**Diagnosis Category** 

Mental

Treatment Category

Rehabilitation Services - Outpatient

**IMRO** Determination

Upheld Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

**Patient Gender** 

Not Available

**Diagnosis Subcategory** 

Autism

Treatment Subcategory

Other

The parents of a 5-year-old male enrollee requested authorization and coverage of sensory integration therapy for the treatment of autism. The Health Plan denied the enrollee's request indicating that the requested treatment is not medically necessary. One physician reviewer performed a medical necessity Independent Medical Review. The physician reviewer upheld the health plan's denial on the basis that the requested services are not medically necessary for treatment of the patient's medical condition.











Reference ID #

MN02-1227

**Patient Age** 

Not Available

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO** Determination

Upheld Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

**Patient Gender** 

Not Available

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Speech Therapy

The parents of a 4-year-old male enrollee requested authorization and coverage of continued speech therapy for the treatment of autism. The Health Plan denied the enrollee's request indicating that the requested treatment is not medically necessary. One physician reviewer performed a medical necessity Independent Medical Review. The physician reviewer upheld the health plan's denial on the basis that the requested services are not medically necessary for treatment of the patient's medical condition.









#### **Case Details**

Reference ID #

MN02-1222

Patient Age

Not Available

Diagnosis Category

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Not Available

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Speech Therapy

The parents of a 4-year-old male enrollee requested authorization and coverage of physical therapy for the treatment of autism. The Health Plan denied the enrollee's request indicating that the requested treatment is not medically necessary. One physician reviewer performed a medical necessity Independent Medical Review. The physician reviewer upheld the health plan's denial on the basis that the requested services are not medically necessary for treatment of the patient's medical condition.







#### **Case Details**

Reference ID #

MN02-1219

**Patient Age** 

Not Available

**Diagnosis Category** 

Mental

Treatment Category

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Not Available

**Diagnosis Subcategory** 

**Autism** 

**Treatment Subcategory** 

Speech Therapy

The parents of a 7-year-old female enrollee requested authorization and coverage of continued speech therapy for the treatment of autism. The Health Plan denied the enrollee's request indicating that the requested treatment is not medically necessary. One physician reviewer performed a medical necessity Independent Medical Review. The physician reviewer upheld the health plan's denial on the basis that the requested services are not medically necessary for treatment of the patient's medical condition.









Reference ID #

MN02-1131

**Patient Age** 

Not Available

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Type

**Medical Necessity** 

Patient Gender

Not Available

**Diagnosis Subcategory** 

Autism

Treatment Subcategory

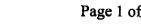
Speech Therapy

### **Reviewer's Findings**

The parents of a 5-year-old male enrollee requested authorization and coverage of speech therapy and occupational therapy for the treatment of autism. The Health Plan denied the enrollee's request indicating that the requested treatment is not medically necessary. One physician reviewer performed a medical necessity Independent Medical Review. The physician reviewer overturned the health plan's denial on the basis that the requested requested therapy is medically necessary for treatment of the patient's medical condition.











Reference ID #

MN02-1099

**Patient Age** 

Not Available

**Diagnosis Category** 

Mental

**Treatment Category** 

Mental Health Treatment

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

**Type** 

**Medical Necessity** 

Patient Gender

Not Available

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Partial Hospitalization

The parents of a two-year-old male enrollee requested authorization and coverage of partial hospitalization services for the treatment of the enrollee's autism. The Health Plan denied the enrollee's request indicating that the requested treatment is not medically necessary. One physician reviewer performed a medical necessity Independent Medical Review. The physician reviewer overturned the health plan's denial on the basis that the requested services are medically necessary for treatment of the patient's medical condition.











Reference ID #

MN02-1042

**Patient Age** 

Not Available

**Diagnosis Category** 

Mental

**Treatment Category** 

Diagnostic Imaging, Screening and Testing Other

IMRO Determination

Upheld Decision of Health Plan

Reviewer's Findings

**Type** 

Medical Necessity

**Patient Gender** 

Not Available

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

The grandparent of a 3-year-old male enrollee requested authorization and coverage of further laboratory testing to rule out neuroimmune dysfunction syndrome. The enrollee has a diagnosis of autism spectrum disorder/pervasive developmental delay. The Health Plan denied the enrollee's request indicating that the requested treatment is not medically necessary. One physician reviewer performed a medical necessity Independent Medical Review. The physician reviewer upheld the health plan's denial on the basis that the requested services are not medically necessary for treatment of the patient's medical condition.









Reference ID #

MN02-810

**Patient Age** 

Not Available

**Diagnosis Category** 

Mental

Treatment Category

Rehabilitation Services - Outpatient

**Managed Health Care** 

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

**Type** 

Medical Necessity

**Patient Gender** 

Not Available

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Occupational Therapy

The parents of a five-year-old male enrollee requested authorization and coverage for continued occupational, physical, and speech therapy for treatment of the enrollee's autism. One physician reviewer performed a medical necessity Independent Medical Review. The physician reviewer upheld the health plan's denial on the basis that the requested therapy is not medically necessary.









### Case Details

Reference ID #

MN02-661

**Patient Age** 

Not Available

**Diagnosis Category** 

Mental

**Treatment Category** 

**Durable Medical Equipment** 

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

**Type** 

Medical Necessity

**Patient Gender** 

Not Available

**Diagnosis Subcategory** 

Treatment Subcategory

Other

The parent of a four-year-old male enrollee requested authorization and coverage of occupational therapy equipment for the treatment of autism. The Health Plan denied the enrollee's request indicating that the requested equipment is not medically necessary. One physician reviewer performed a medical necessity Independent Medical Review. The physician reviewer overturned the health plan's denial on the basis that the requested equipment is medically necessary.









Reference ID #

MN01-573

**Patient Age** 

Not Available

**Diagnosis Category** 

Mental

**Treatment Category** 

Pharmacy/Prescription Drugs

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

**Type** 

**Medical Necessity** 

**Patient Gender** 

Not Available

**Diagnosis Subcategory** 

Autism

**Treatment Subcategory** 

Other

The parent of a 7-year old female requested the prescription medication Prozac for treatment of autism. The Health Plan denied the request indicating that Prozac is not medically necessary for treatment of the enrollee's medical condition because the enrollee can be safely and effectively treated with generic Prozac. The Review Organization's Physician Consultant examined the medical records submitted and determined that the requested medication is not medically necessary. Therefore, the Health Plan's denial should be upheld.











Reference ID #

MN01-497

**Patient Age** 

Not Available

**Diagnosis Category** 

Mental

**Treatment Category** 

Pharmacy/Prescription Drugs

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Not Available

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Anti-Fungal

The parents of a 4-year old male requested the prescription medication Diflucan. The health plan denied the request indicating Diflucan is not medically necessary for treatment of autism and immunological disorder. The Review Organization's Physician Consultant examined the medical records submitted and determined there is no objective evidence from the physician's notes or the lab work submitted that the enrollee has any medical condition requiring Diflucan. Therefore, the health plan's denial should be upheld.











Reference ID #

MN01-312

**Patient Age** 

Not Available

**Diagnosis Category** 

Mental

Treatment Category

Mental Health Treatment

**IMRO Determination** 

Overturned Decision of Health Plan

Type

Medical Necessity

**Patient Gender** 

Not Available

Diagnosis Subcategory

**Autism** 

**Treatment Subcategory** 

Behavioral Therapy

#### Reviewer's Findings

The parent of a 3½-year-old male diagnosed with autistic spectrum disorder requested a referral for 15 hours per week for a duration of six to twelve months of an in-home applied behavior analysis program to focus on further development of enrollee's functional language and play skills. The Health Plan denied authorization indicating such techniques have not been established as an effective treatment of autism. The Review Organization's Physician Consultant examined the medical records submitted and determined that denying behavioral-based therapy would be detrimental to the enrollee's ultimate development and most experts recommend a trial of at least three months of this therapy before determining that it is ineffective; therefore, the Health Plan's denial should be overturned.









#### **Case Details**

Reference ID #

MN01-309

**Patient Age** 

Not Available

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

**Type** 

Medical Necessity

**Patient Gender** 

Not Available

**Diagnosis Subcategory** 

**Autism** 

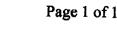
Treatment Subcategory

Occupational Therapy

The parent of a 6-year old male requested an occupational therapy evaluation for treatment of autism. The Health Plan denied the request indicating the service is not medically necessary. The Review Organization's Physician Consultant examined the medical records submitted and determined there is little controlled research on the effectiveness of interventions designed to address the enrollee's abnormalities. No empirical studies of traditional occupational therapy in autism were found. Therefore, the health plan's denial should be upheld.











Reference ID #

MN01-303

**Patient Age** 

Not Available

Diagnosis Category

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

**Patient Gender** 

Not Available

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Speech Therapy

The parent of a 5-year old male requested speech therapy for treatment of autism. The Health Plan denied the request indicating the enrollee should have an evaluation by a pediatric neurologist to determine whether the enrollee needs continued speech therapy. The Review Organization's Physician Consultant examined the medical records submitted and determined a referral to a pediatric neurologist is more clinically appropriate than continued speech therapy. Therefore, the health plan's denial should be upheld.









### Case Details

Reference ID #

MN01-294

Patient Age

Not Available

Diagnosis Category

Mental

**Treatment Category** 

Diagnostic/Physician Evaluation

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Not Available

**Diagnosis Subcategory** 

Autism

Treatment Subcategory

**Out-Of-Network Referral** 

The parents of a 4-year old male requested a referral to an out-of-network provider for osteomanipulation for the treatment of autism. The Health Plan denied the request indicating the referral is not medically necessary. The Review Organization's Physician Consultant examined the medical records submitted and determined craniosacral therapy has not been scientifically proven to be a benefit in the treatment of autism and seizures. Therefore, the health plan's denial should be upheld.









### **Case Details**

Reference ID #

MN01-241

Patient Age

Not Available

**Diagnosis Category** 

Mental

**Treatment Category** 

Pharmacy/Prescription Drugs

**IMRO Determination** 

Upheld Decision of Health Plan

Type

Medical Necessity

**Patient Gender** 

Not Available

Diagnosis Subcategory

Autism

Treatment Subcategory

Vitamins

Reviewer's Findings

The parent of a 9-year old female requested the prescription medication Carnitor in connection with depletion of carnitine secondary to valproic acid taken for an autism and seizure disorder. The health plan denied the request indicating the medication is classified as a vitamin and therefore not medically necessary. The Review Organization's Physician Consultant examined the medical records submitted and determined that unless the serum carnitine level is lower, there is no reason for supplemental carnitine in a nine year old without symptoms of deficiency. There is no evidence that carnitine deficiency, secondary to valproic acid, causes symptomology. Therefore, the health plan's denial should be upheld.









### Case Details

Reference ID #

MN01-226

**Patient Age** 

Not Available

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Upheld Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Not Available

**Diagnosis Subcategory** 

Autism

Treatment Subcategory

Speech Therapy

The mother of a 6-year old male requested speech therapy. The health plan denied the request indicating that speech therapy for stuttering is not considered medically necessary. The health plan further indicated the enrollee is entitled to AB 88 benefits because of the diagnosis of autism. However, those benefits must be accessed through the health plan's behavioral health network. The Review Organization's Physician Consultant examined the medical records submitted and determined the alternative service offered by the Health Plan is more clinically appropriate than the requested service. Therefore, the health plan's denial should be upheld.









### **Case Details**

Reference ID #

MN01-216

**Patient Age** 

Not Available

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

**Type** 

Medical Necessity

**Patient Gender** 

Not Available

**Diagnosis Subcategory** 

Autism

Treatment Subcategory

Speech Therapy

The parent of a 5-year old male requested speech therapy for treatment of autism. The Health Plan denied the request indicating that speech therapy for stuttering, lisping or delayed speech is not medically necessary. The Review Organization's Physician Consultant examined the medical records submitted and determined that current research strongly supports intensive behavioral interventions as most likely to provide beneficial outcomes for children with autism spectrum disorders. These intensive interventions all include components of language therapy, individualized to the needs of each child. Therefore, the health plan's denial should be overturned.









### Case Details

Reference ID #

MN01-202

**Patient Age** 

Not Available

**Diagnosis Category** 

Mental

Treatment Category

Mental Health Treatment

**IMRO** Determination

Overturned Decision of Health Plan

Reviewer's Findings

**Type** 

Medical Necessity

**Patient Gender** 

Not Available

**Diagnosis Subcategory** 

**Autism** 

Treatment Subcategory

Behavioral Therapy

The mother of a 2-year-old male diagnosed with autism/pervasive developmental disorder requested Applied Behavioral Analysis therapy. The health plan denied the request indicating that the services are not medically necessary. The Review Organization's Physician Consultant examined the medical records submitted and determined that ABA has been recommended as the preferred early intervention strategy by state health departments for children with Autism Spectrum Disorders. Floor-time (also known as DIR therapy) and TEACCH are also intensive intervention strategies widely used in intervention for children with Autism. Therefore, the health plan's denial should be overturned.









### **Case Details**

Reference ID #

MN01-184

Patient Age

Not Available

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

Patient Gender

Not Available

**Diagnosis Subcategory** 

Autism

**Treatment Subcategory** 

Speech Therapy

The parent of a 3-year old male requested continued speech and occupational therapy for treatment of autism. The health plan denied the request indicating the services are not medically necessary. The Review Organization's Physician Consultant examined the medical records submitted and determined that speech-language therapy is a well-established component of intervention for preschoolers and school-aged children with Autism Spectrum Disorders, ranging from basic interventions to develop spoken communication, to therapy working on pragmatic (social) language skills. Occupational therapy was previously useful but the enrollee's fine motor deficits are now diminishing and his sensory needs can be met through occupational therapy consultation with his special education teachers. The Health Plan's denial of continued speech therapy should be overturned and the Health Plan's denial of continued occupational therapy should be upheld.











Reference ID #

MN01-170

**Patient Age** 

Not Available

Diagnosis Category

Mental

**Treatment Category** 

Diagnostic Imaging, Screening and Testing Other

**IMRO** Determination

Upheld Decision of Health Plan

Reviewer's Findings

Type

Medical Necessity

**Patient Gender** 

Not Available

Diagnosis Subcategory

**Autism** 

Treatment Subcategory

The father of an 11-year old male requested a Neuro-Spect scan as part of the treatment plan for his son's autism. The health plan denied the request indicating Neuro-Spect scan is not medically necessary. The Review Organization's Physician Consultant examined the medical records submitted and determined the enrollee was diagnosed with autism and mixed seizure disorder. The enrollee is on multiple medications and very likely has Landau-Kleffner Syndrome. An MRI scan of the brain was negative. Therefore, the health plan's denial should be upheld.









### **Case Details**

Reference ID #

MN01-163

**Patient Age** 

Not Available

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Type

Medical Necessity

**Patient Gender** 

Not Available

**Diagnosis Subcategory** 

Autism

**Treatment Subcategory** 

Speech Therapy

### Reviewer's Findings

The parent of a 4-year old male requested speech therapy and integrated play therapy for treatment of autism. The Health Plan denied the request indicating the services are not medically necessary. The Review Organization's Physician Consultant examined the medical records submitted and determined treatment of autism should include speech therapy and other stimulation programs such as play therapy. It is estimated that 40% of autistic children develop seizures. Early intervention with therapy and stimulation programs is highly recommended. Therefore, the health plan's denial should be overturned.











Reference ID #

MN01-47

**Patient Age** 

Not Available

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

Type

**Medical Necessity** 

Patient Gender

Not Available

Diagnosis Subcategory

**Autism** 

**Treatment Subcategory** 

Speech Therapy

The parent of a 4-year old male requested speech therapy for the treatment of Autism Spectrum Disorder. The Health Plan denied authorization indicating speech therapy is not medically necessary. The Review Organization's Physician Consultant examined the medical records submitted and determined the enrollee's processing problems would not be benefited in a group session, individual therapy is required; therefore, the Health Plan's denial should be overturned.

State of

California







# Department of Managed Health Care

### **Case Details**

Reference ID #

MN01-22

**Patient Age** 

Not Available

**Diagnosis Category** 

Mental

**Treatment Category** 

Rehabilitation Services - Outpatient

**IMRO Determination** 

Overturned Decision of Health Plan

Reviewer's Findings

**Type** 

**Medical Necessity** 

**Patient Gender** 

Not Available

Diagnosis Subcategory

**Autism** 

**Treatment Subcategory** 

Physical Therapy

The parent of a 4-year-old male requested physical therapy services for the treatment of Autism. The Health Plan denied this request indicating physical therapy is not medically necessary. The Review Organization's Physician Consultant examined the medical records submitted and determined the enrollee has a well-documented Autism Spectrum (Pervasive Development Disorder) and clear motor delays. The consultant noted that the enrollee progressed measurably toward identifiable goals with the therapy previously received; therefore, the Health Plan's denial should be overturned.







Aug. 23, 2000

ASSEMBLY JOURNAL

8115

#### REQUEST FOR UNANIMOUS CONSENT TO PRINT IN JOURNAL

Upon request of Assembly Member Shelley, Assembly Member Thomson was granted unanimous consent that the following statement of legislative intent be printed in the Journal:

#### Legislative Intent-Assembly Bill No. 88

August 22, 2000

E. Dotson Wilson Chief Clerk of the Assembly State Capitol, Room 3196 Sacramento, California

Dear Mr. Wilson,

This letter is to clarify the authors' intent of AB 88, Chapter 534, Statutes of 1999.

AB 88 was introduced in the spirit of bringing about fairness and equal treatment by the health plans and insurance industry for those suffering from severe mental illnesses. Historically health insurance products do not provide coverage for the treatment of mental illness under the same terms and conditions that are provided for other illnesses. The bill is intended to end those discriminatory insurance practices.

AB 88 is not intended to require any change in the contracting options or decisions of employers or other entities that contract directly with specialty carve out companies for employee health or mental health benefits that are equal to or exceed the level of benefits required in AB 88. Likewise, AB 88 is not intended to interfere with employee welfare benefit plans established pursuant to and in accordance with Section 302 of the Taft-Hartley Act, that are providing better than or equivalent benefits mandated by AB 88 through separate specialized health care service or mental health plans. Also, there are no provisions in AB 88 to authorize insurance providers to charge employers twice for equitable mental health benefits. Such practices would violate the intent of the law.

The intent of this letter is to provide guidance to the California Department of Managed Health Care, which is responsible for the implementation and oversight of AB 88, to ensure that its implementation reflects the true intent and spirit of this important new law.

Sincerely,

## ASSEMBLYWOMAN HELEN M. THOMSON SENATOR DON PERATA

#### NOTICE OF INTENTION TO REMOVE BILL FROM INACTIVE FILE

Pursuant to Assembly Rule 78, Assembly Member Shelley announced his intention to request that Senate Bill No. 622 be removed from the inactive file.