

Case Number:	CM14-0002138		
Date Assigned:	01/24/2014	Date of Injury:	05/12/2004
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This is a 34-year-old patient with a history of traumatic brain injury sustained on 05/12/04. Records indicate he has been participating in cognitive skills training and neuropsychology sessions. Current medications include Imitrex, Topamax, Celexa, Norco and Flexeril. Imitrex 50 mg, 40 hours additional cognitive skills training sessions, and for additional neuropsychological sessions was non-certified conditionally at utilization review, as multiple requests for additional information went and answered, specifically requesting clarification regarding quantity of Imitrex and frequency of administration prescribed, quantity of cognitive skills training sessions and neuropsychological sessions which have been performed, as well as the patient's response to neuropsychological sessions in clearing quantifiable measures. Most recent progress note dated 01/08/14 indicates the patient continues to receive cognitive skills training at 5 hours per week it was reported the patient has demonstrated improvement in planning with daily activities and communication, but is not yet sufficiently independent with coping strategies to safely integrate full measures within the community. The patient has been following up with neuropsychology and additional sessions were requested. The patient was using an elastic lumbar support with benefit. It was noted that use of a TENS unit has eliminated his presyncopal episodes and he is ambulating without a cane at this time. He is currently receiving Imitrex 50 mg with repeat times one as needed for migraine headaches in addition to Topamax, Norco, Celexa and Flexeril. He continues to report chronic migraine headaches and reports Topamax has managed to reduce his incidence of migraine headaches from 3 times per week down to once or twice per week. It was noted Imitrex remains necessary to help manage his migraine headaches and Topamax as necessary for prophylaxis. Objective findings noted increased sensitivity at the right occipital parietal region which reportedly results in some radiation of pain to the right for head with palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF IMITREX 50MG: Upheld

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

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

Decision rationale: This is a 34-year-old patient with a history of traumatic brain injury sustained on 05/12/04. Records indicate the patient has a history of migraine headaches, occurring approximately 2-3 times per week. He is currently receiving Imitrex 50 mg with repeat times one as needed for migraine headaches. He continues to report chronic migraine headaches and it was noted Imitrex remains necessary to help manage his migraine headaches. The ODG guidelines regarding triptans states "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class." Although it is reported the patient is benefiting from utilization of Imitrex treatment migraine, the current request does not specify quantity or frequency, and therefore the medical necessity of one prescription of Imitrex 50 mg is not established in the is not medically necessary.

FORTY HOURS ADDITIONAL COGNITIVE SKILLS TRAINING SESSIONS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Cognitive Skills Retraining

Decision rationale: The ODG guidelines indicate "Recommended, especially when the retraining is focused on relearning specific skills. For concussion/ mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury. Training needs to be focused, structured, monitored, and as ecologically relevant as possible for optimum effect." The most recent progress note dated 01/08/14 indicates the patient continues to receive cognitive skills training at 5 hours per week, and it was reported the patient has demonstrated improvement in planning with daily activities and communication, but is not yet sufficiently independent with coping strategies to safely integrate full measures within the community. However, this request does not specify the exact number of sessions being requested, and there is limited documentation regarding specific progress made in treatment.

Cognitive training skills treatment notes were not provided. Thus, 40 hours additional cognitive skills training sessions is not medically necessary.

FOUR ADDITIONAL NEUROPSYCHOLOGICAL SESSIONS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Neuropsychological Testing.

Decision rationale: The ODG guidelines notes "Recommended for severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days. For concussion/ mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate." In this case, the patient has a history of traumatic brain injury with ongoing cognitive deficits and has been participating in neuropsychological sessions. However, notes from these sessions are not provided and there is no clear, quantified description of progress made with treatment including functional improvement that would warrant an additional four sessions. Thus, the request for four additional neuropsychological sessions are not medically necessary.