

Case Number:	CM14-0109293		
Date Assigned:	08/01/2014	Date of Injury:	05/20/2013
Decision Date:	08/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

1/16/14 note indicates traumatic brain injury with intracranial hemorrhage. Examination notes increased muscle tone on the right with wide based gait and station. Speech was clear and there was no aphasia. 2/18/14 note indicates injury on 5/20/13. The insured was reported to have normal neurologic examination. 4/28-29/14 ambulatory EEG notes abnormal study with findings suspicious for epileptiform discharges. 5/27/14 neuropsychological study reported traumatic brain injury with possibility of psychiatric disorder. 7/22/14 note indicates there is tremendous amount of psychiatric overlay here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient multi-disciplinary program for treatment of the effects of traumatic brain injury (in days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

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

Decision rationale: The medical records provided for review indicate a traumatic brain injury but do not identify specific goals of a multidisciplinary rehabilitation program. There is reported tremendous psychological overlay which is likely to inhibit participation and functional gain from such a program. ODG guidelines support Insufficient evidence exists to determine the effectiveness of multidisciplinary postacute rehabilitation programs for patients with moderate to severe traumatic brain injury (TBI), a new AHRQ Effective Health Care Program review concludes. Interventions that could be classified as comprehensive holistic day treatment programs were the most often studied model of care. These interventions are characterized as integrated intensive programs delivered to cohorts of patients focusing on cognitive rehabilitation and social functioning. As such the medical records provided for review do not support medical benefit for the insured for the treatment program.