

Case Number:	CM14-0014067		
Date Assigned:	02/21/2014	Date of Injury:	04/28/2010
Decision Date:	07/10/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/04/2014

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 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:

The injured worker is a 38-year-old male who reported an injury on 04/28/2010. A pipe fell on his head while welding. The clinical note dated 07/17/2012 noted the injured worker presented with continued persistent headache and pain in the neck, mid back, and low back. Upon examination, the cervical spine range of motion values were 45 degrees of flexion, 30 degrees of extension, 50 degrees of right rotation, 50 degrees of left rotation, 30 degrees of right side bending, and 30 degrees of left side bending. There was grade II tenderness to palpation and myospasm with pain over the T1 through T4 and T10 through T12 levels and also the L1 through L5 levels as well as the sacrum bilaterally. The range of motion values for the lumbar spine were 50 degrees of flexion, 5 degrees of extension, 10 degrees of right side bending, 10 degrees of left side bending, 10 degrees of right side rotation, and 10 degrees of left side rotation. Diagnoses were head contusion with migraine headaches, cervical spine sprain/strain possible diffuse disc protrusion at C4-5 abduction C5-6 and C6-7 levels per MRI dated 05/06/2012, thoracolumbar spine sprain/strain, and tinnitus in the ear. Prior treatment included physical therapy, occupational therapy, speech, and counseling. The provider recommended 30 days of treatment for 6 hours a day, 5 days a week. The provider's rationale was not provided in the medical documents. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRTY (30) DAYS TREATMENT SIX (6) HOURS A DAY, FIVE (5) DAYS A WEEK:
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 (ODG) Head, Multidisciplinary Institutional rehabilitation.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004) do not address this clinical situation. The request for 30 days treatment 6 hours a day, 5 days a week is not medically necessary. The ODG says that multidisciplinary institutional rehabilitation is under study. Insufficient evidence exists to determine the effectiveness of multidisciplinary post acute rehabilitation programs for injured workers with moderate to severe traumatic brain injury. 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. There was a low level of evidence that a comprehensive holistic day treatment program resulted in greater of productivity but not improved community integration, than the standard treatment. However, group differences no longer existed at 6 months post treatment because the standard rehabilitation group made significant progress during the follow-up period. Gains made during rehabilitation appear to be sustained at follow-ups 6 months to 1 year post treatment. Interpretation of community integration from scales is complicated by little attention to minimal clinically important differences. The Guidelines state that multidisciplinary institutional rehabilitation is under study and there is insufficient evidence to prove the effectiveness of this type of program. As such, the request for 30 days treatment 6 hours a day, 5 days a week is not medically necessary.