MAXIMUS Federal Services

Case Number:	CM14-0014104		
Date Assigned:	02/26/2014	Date of Injury:	04/28/2010
Decision Date:	07/07/2014	UR Denial Date:	01/20/2014
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 & Rehabilitation and is licensed to practice in Illinois. 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 claimant is a 55-year-old male who reported an injury on 04/28/2010 secondary to a fall. His diagnoses include dementia and frontal lobe syndrome secondary to head injury. It was noted that the claimant was determined to be permanent and stationary from a neuropsychological point of view, and such rating was completed on 03/15/2012. The claimant began a neurobehavioral coaching program on 11/05/2012. It was noted that the claimant had frontal lobe dysfunction and demonstrated difficulty with initiation and follow-through of tasks since his injury. It was also noted that he had difficulty with time management and short term memory. According to a medical evaluation on 02/26/2013, the claimant was noted to be at maximum medical improvement with respect to his mental illnesses. In a treatment summary dated 01/11/2014, it was noted that the neurobehavioral coaching program helped the claimant to establish and maintain a daily schedule. It was noted that previous attempts to fade treatment with the neurobehavioral coaching program were unsuccessful, as the claimant was unable to maintain a schedule on his own. It was also noted that the claimant regressed during periods of change or breaks from the program. The claimant was recommended for neurobehavioral coaching, 20 hours per week, to be continued permanently. Request for Authorization was submitted on 01/11/2014 for a neurobehavioral coaching program, 20 hours per week, on a permanent basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurobehavioral coaching sessions 20hrs a week, on a permanent basis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Official Disability Guidelines may recommend cognitive skills retraining and rehabilitation programs emphasizing cognitive behavioral approaches to the retraining of planning and problem solving skills after traumatic brain injuries. The ODG guidelines state that cognitive and specific skills retraining needs to be guided by the injured worker's real daily living needs and modified to fit the unique psychological or neuropsychological strengths and weaknesses of the injured worker. While the medical records submitted for review indicate that the injured worker has benefitted from cognitive skills retraining on a very limited or short term basis, there is a lack of documented evidence to indicate that the employee has been able to retain the cognitive skills gained with his neurobehavioral coaching program. It was noted that the patient regressed tremendously with life changes such as moving, or without subtantial ongoing assistance from his neurobehavioral coach. It was also noted that previous attempts to fade a coach were unsuccessful as the injured worker was unable to maintain his daily schedule. The patient had reached maximal medical improvement from a neuropsychological standpoint and was determined to be permanent and stationary. There is a lack of documented evidence to indicate that the employee would achieve any long-term functional improvement with cognitive skills development or retraining. Therefore, the request for neurobehavioral coaching sessions 20hrs a week, on a permanent basis is not medically necessary and appropriate.