MAXIMUS Federal Services

Case Number:	CM14-0023902		
Date Assigned:	06/11/2014	Date of Injury:	05/21/2012
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/25/2014

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 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 injured worker is a 38-year-old male who reported an injury on 05/21/2012. The mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 01/23/2014, it was noted that the injured worker complained of headaches and dizziness, with pain at times when he opened his mouth. The injured worker also complained of low back pain with pain in the left chest and right knee. He rated the pain a 5/10. The medications listed included ibuprofen and Tylenol; however, the dosage, strength, and frequencies were not provided. The physical exam revealed the injured worker had tenderness in the lumbosacral spine and the paraspinal muscles with minimal stiffness and no spasms. It was further noted the range of motion of the lumbosacral spine was painful in flexion, extension, and lateral rotation, but were within normal limits. The physical exam also reported the right knee had tenderness in the midline joint with some minimal edema, and range of motion was painful and within normal limits. The diagnoses for the injured worker included post-traumatic brain injury with cognitive deficits, vertigo, myofascial strain with sprain in lumbosacral spine, left knee pain, bursitis of left knee, and left chest pain with small lump present. The Request for Authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROLOGICAL REHABILITATION CONSULTATION THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

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

Decision rationale: The Official Disability Guidelines state that multidisciplinary institutional rehabilitation is under study, and insufficient evidence exists to determine the effectiveness of multidisciplinary post-acute rehabilitation programs for patients with moderate to severe traumatic brain injuries. Given the request is for a treatment that is not supported by the guidelines and not recommended, the request at this time is not supported by the guidelines. As such, the request is not medically necessary.