

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0060462 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 04/23/2012 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 04/23/2014 |
| Priority: | Standard | Application Received: | 05/01/2014 |

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 Preventive 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:

According to the records made available for review, this is a 57-year-old female with a 4/23/12 date of injury. At the time (4/16/14) of the request for authorization for services x40 over 9 months for behavioral deficits and SLP services x60 over 9 months for cognitive deficits, there is documentation of subjective (constant low-medium level headache, photophobia, decreased concentration, fatigue) and objective (verbose, tangential, papers with notes, head forward posture) findings. Current diagnoses include traumatic brain injury, headache, cognitive deficits, behavioral deficits, fatigue, sleep-wake dysfunction, visual complaints, cervicalgia, and psychological sequela secondary to medical condition. Treatment to date includes weekly treatments at SBI focusing on speech pathology treatment and reading comprehension. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous treatment at SBI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Services x40 over 9 months for behavioral deficits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

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

Decision rationale: MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG Guidelines identifies documentation that the program is directed and/or overseen by a physician board certified in physiatry or another specialty, such as neurology, with additional training in brain injury rehabilitation; the program has access to a team of interdisciplinary professionals, medical consultants, physical therapists, occupational therapists, speech-language pathologists, neuropsychologists, psychologists, rehabilitation nurses, social workers, rehabilitation counselors, dieticians, therapeutic recreation specialists and others; a specific treatment plan; and that all phases of treatment involve the individual's family/support system, as criteria necessary to support the medical necessity of an interdisciplinary rehabilitation program. Within the medical information available for review, there is documentation of diagnoses of traumatic brain injury, headache, cognitive deficits, behavioral deficits, fatigue, sleep-wake dysfunction, visual complaints, cervicalgia, and psychological sequela secondary to medical condition. In addition, there is documentation of weekly treatments at SBI focusing on speech pathology treatment and reading comprehension. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous treatment at SBI. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

SLP services x60 over 9 month period for cognitive deficits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Consultations, 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) Head, Interdisciplinary rehabilitation programs.

Decision rationale: MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation that the program is directed and/or overseen by a physician board certified in physiatry or another specialty, such as neurology, with additional training in brain injury rehabilitation; the program has access to a team of interdisciplinary professionals, medical consultants, physical therapists, occupational therapists, speech-language pathologists, neuropsychologists, psychologists, rehabilitation nurses, social workers, rehabilitation counselors, dieticians, therapeutic recreation specialists and others; a specific

treatment plan; and that all phases of treatment involve the individual's family/support system, as criteria necessary to support the medical necessity of an interdisciplinary rehabilitation program. Within the medical information available for review, there is documentation of diagnoses of traumatic brain injury, headache, cognitive deficits, behavioral deficits, fatigue, sleep-wake dysfunction, visual complaints, cervicalgia, and psychological sequela secondary to medical condition. In addition, there is documentation of weekly treatments at SBI focusing on speech pathology treatment and reading comprehension. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous treatment at SBI. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.