MAXIMUS Federal Services

Case Number:	CM14-0060640		
Date Assigned:	07/09/2014	Date of Injury:	05/01/2010
Decision Date:	09/08/2014	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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 32-year-old male with a date of injury of 5/1/10. The mechanism of injury occurred when he slipped and fell down a sloped hill 20 feet. He suffered injuries to his head, face, jaw, left hand, and pelvis. On 5/2/14 he complained of neck, back, pelvis, jaw, left wrist, and head pains. Pain is rated 8/10 without meds and 4/10 with meds. Objective findings included tenderness in jaw, some fractured teeth, limited motion of left wrist and fingers with some swelling in the hand. There was cervical, thoracic, and lumbar tenderness with restricted range of motion. On 5/19/14, he was no longer suicidal, still with severe cognitive deficits, anxiety, difficulty concentrating, confusion, and hopelessness. The diagnostic impression is Post-traumatic Stress Disorder, Major Depression, Post Concussive Syndrome, and Chronic Pain Syndrome. Treatment to date: surgery, physical therapy, TENS Unit, psychotherapy sessions, development cognitive training skills, medication management. A UR decision dated 4/23/14 denied a 1- year membership to Luminosity. The rationale for denial was not noted in the 381 pages of medicals submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Luminosity year membership, quantity: 1: 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)

Treatment; Integrated Treatment/Disability Duration Guidelines/Head (trauma, headaches, etc., not including stress & mental disorders) Luminosity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:www.luminosity.com.

Decision rationale: CA MTUS and ODG do not address this issue. An online search for Luminosity found this address: www.Luminosity.com. It is an on-line program listed as a "Human Cognition Project". It advertises to "train memory and attention", "to build your own personalized training program", and "to improve your brain performance and live a better life". It is a web-based personalized training program. There was no mention as to the goal of this program noted anywhere in the 381 pages of medicals submitted, and it is unclear why the patient needs this web-based program and if the patient is even able develop his own program. There is no evidence that luminosity treatment is considered medical treatment. Therefore, the request for Luminosity year membership Qty. #1 was not medically necessary.