

Case Number:	CM14-0191311		
Date Assigned:	11/25/2014	Date of Injury:	05/20/2014
Decision Date:	01/09/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/17/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of 5/20/14. A utilization review determination dated 10/29/14 recommends modification of neuropsychology consultation, PT consultation, and brain injury rehabilitation treatment. Chiropractic care was modified from 8 to 6 sessions. The patient underwent a PT consultation on 6/27/14 with an unspecified number of PT sessions for the cervical spine. The patient also underwent a course of brain injury therapy. The headaches were said to be resolving. 10/10/14 medical report identifies that the patient presented for a medication refill. The exam is "stable and unchanged." No complaints are noted. Recommendations include medications, PT evaluations and treat as needed, neuro rehabilitation evaluation and treat PRN, a neuropsychiatry new patient consultation evaluation and treat for closed head injury. 11/17/14 medical report identifies that the patient occasionally awakens with headaches that progressively get better throughout the day. He reports occasional loss of attention and difficulty focusing. He is anxiously waiting to get cleared to return to work. No positive exam findings are noted. Pain is 2/10. Recommendations included continue chiropractic and PT, Norco, and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychological Consultation: Overturned

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 Official Disability Guidelines (ODG) Head Chapter, Neuropsychological testing

Decision rationale: Regarding the request for neuropsychological testing, the CA MTUS does not address the issue. The ODG notes that, for concussion/ mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate. Moderate and severe TBI are often associated with objective evidence of brain injury on brain scan or neurological examination (e.g., neurological deficits) and objective deficits on neuropsychological testing, whereas these evaluations are frequently not definitive in persons with concussion/mTBI. Attention, memory, and executive functioning deficits after TBI can be improved using interventions emphasizing strategy training (i.e., training patients to compensate for residual deficits, rather than attempting to eliminate the underlying neurocognitive impairment) including use of assistive technology or memory aids. Neuropsychological testing is one of the cornerstones of concussion and traumatic brain injury evaluation and contributes significantly to both understanding of the injury and management of the individual. Within the documentation available for review, the patient is noted to have a history of a head injury with persistent symptoms including occasional headaches, loss of attention, and difficulty focusing. In light of the above, the currently requested neuropsychological consultation is medically necessary.

Physical Therapy Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy consultation, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT evaluation and therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy consultation is not medically necessary.

Brain Injury Rehabilitation times 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Physical

Decision rationale: Regarding the request for brain injury rehabilitation, the Chronic Pain Medical Treatment Guidelines recommend up to 10 therapy sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The ODG does not recommend specific number of treatments for TBI. Within the documentation available for review, there is documentation of completion of prior therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of therapy recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested brain injury rehabilitation is not medically necessary.

Chiropractic times 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manuel Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic care, the Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it appears that the request is for initial treatment, but the requested number of sessions exceeds the initial trial recommended by guidelines of 6 visits and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested chiropractic care is not medically necessary.