MAXIMUS Federal Services

Case Number:	CM14-0205482		
Date Assigned:	12/18/2014	Date of Injury:	10/28/2011
Decision Date:	02/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine, has a subspecialty in Hospice/Palliative Medicine and is licensed to practice in Pennsylvania. 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 47-year-old gentleman with a date of injury of 10/28/2011. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 11/19/2014 indicated the worker was experiencing on-going headaches, problems with balance and coordination with falls, and problems with memory and thinking that improved with the use of speech therapy. The documented examination described difficulty walking on the toes, on the heels, and in tandem gait; an unsteady walking pattern; positive pronator drift testing; an inability to perform finger-to-nose or heel-shin testing; and problems with remote memory. The submitted and reviewed documentation concluded the worker was suffering from cervico-occipital neuralgia, concussion, headaches, traumatic brain injury, and vertigo. Treatment recommendations included medications, a three-month course of physical therapy with thirty sessions yearly indefinitely available for maintenance "tune ups," and additional speech therapy sessions to assist with memory. A Utilization Review decision was rendered on 12/03/2014 recommending non-certification for an occipital nerve stimulator trial; a three-month course of physical therapy to work on improving the vestibular system, visual-perception deficits, and capability for functional ambulation while minimizing headaches; and continued speech therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital nerve stimulator trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Occipital nerve stimulator

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Chronic pain: Recent studies Page(s): 115. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Garza I, et al. Chronic migraine. Topic 3337.0, version 19.0. UpToDate, accessed 02/08/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. There is limited data to support the use of occipital nerve stimulation in the treatment of headaches. The studies performed have been of poor quality and had conflicting results. The submitted and reviewed documentation indicated the worker was experiencing on-going headaches, problems with balance and coordination with falls, and problems with memory and thinking that improved with the use of speech therapy. There was no discussion detailing special circumstances that sufficiently support the request for this therapy. In the absence of such evidence, the current request for an occipital nerve stimulator trial is not medically necessary.

Physical therapy-3 month course to work on vestibular system, visual-perceptual deficits and capability for functional ambulation while minimizing headache: Upheld

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

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation concluded the worker was suffering from cervico-occipital neuralgia, concussion, headaches, traumatic brain injury, and vertigo. The worker had initially improved with six sessions of physical therapy but the function returned to near baseline afterwards. There was no discussion detailing the reason(s) additional sessions would be expected to improve the worker's function more than what would be expected with fading to a continued home exercise program, as recommended by the Guidelines, whether a home exercise program was maintained, or the reason(s) it may have failed. In the absence of such evidence, the current request for a three-month course of physical therapy to work on improving the vestibular system, visual-perception deficits, and capability for functional ambulation while minimizing headaches is not medically necessary.

Continued speech therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Speech therapy

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: Evans RW, et al. Postconcussion syndrome. Topic 4830, version 13.0. UpToDate, accessed 02/08/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. Speech therapy can be helpful after traumatic brain injury and/or post-concussion syndrome with issues such as fluid speech, problems with using words, or with swallowing. The submitted and reviewed documentation indicated the worker was experiencing on-going headaches, problems with balance and coordination with falls, and problems with memory and thinking that improved with the use of speech therapy. There was no discussion detailing the reason(s) additional therapy would be expected to provide additional benefit or specifically what benefits were needed. In the absence of such evidence, the current request for continued speech therapy is not medically necessary.