

Case Number:	CM15-0005799		
Date Assigned:	01/26/2015	Date of Injury:	12/15/2011
Decision Date:	03/26/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 54 year old male, who sustained an industrial injury on 12/15/2011. The mechanism of injury is not provided but injuries included a fracture to the nose, teeth and left hand. The diagnoses have included traumatic brain injury, post-concussion syndrome and closed fracture metacarpal. Treatment to date has included nerve blocks, sphenopalatine ganglion blocks and Botox treatments. EMG (electromyography) dated 3/08/2012 revealed left carpal tunnel syndrome. Magnetic resonance imaging (MRI) dated 2/24/2012 revealed no mesial temporal sclerosis. The IW complains of chronic daily migraine, sleep disturbance and memory difficulties. Pain is rated as a 3/10. He has had 6 headache free days after nerve blocks were administered. He reports chronic ataxia and moderate to severe headache. Objective findings included severe tenderness to palpation upper trapezius, cervical paraspinal muscles and occipital ridge. There is blepharospasm and scalloping of the tongue. He has a mild sway on Romberg. On 12/30/2014, Utilization Review non-certified a request for hyperbaric chamber therapy (1x every 2 weeks x2months), noting that the clinical findings do not support the medical necessity of the treatment. This treatment is experimental and there is no documentation that all other therapies have failed. The ODG was cited. On 1/12/2015, the injured worker submitted an application for IMR for review of hyperbaric chamber therapy (1x every 2 weeks x2months).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyperbaric chamber therapy 1x every 2 weeks x2 month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter, Oxygen Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, oxygen therapy

Decision rationale: The diagnoses have included traumatic brain injury, post-concussion syndrome and closed fracture metacarpal. Treatment to date has included nerve blocks, sphenopalatine ganglion blocks and Botox treatments. ODG guidelines support that oxygen therapy may be used for treatment of infections and tissue healing in wound injuries, but the medical records do not indicate the presence of such condition. All other indications are considered experimental under ODG, as the medical records do not support the use of hyperbaric oxygen therapy.