

Case Number:	CM15-0101210		
Date Assigned:	06/03/2015	Date of Injury:	05/18/2009
Decision Date:	07/08/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 26-year-old male with a May 18, 2009 date of injury. A progress note dated April 15, 2015 documents subjective findings (thoracic pain; lower back pain; pain rated at a level of 8/10 without pain medications and 4/10 with pain medications), objective findings (healed surgical scar on the thoracic spine; antalgic gait), and current diagnoses (severe traumatic brain injury; thoracic spine fracture; unable to rule out thoracic facet joint pain; left mandibular fracture; chronic pain syndrome). Treatments to date have included thoracic facet joint injections (helped for one day), thoracic spine fusion, physical therapy, transcutaneous electrical nerve stimulator unit (gives some pain relief), medications, and psychotherapy. The treating physician documented a plan of care that included an inpatient admission to a center for Neuro Skills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient admission to centre for Neuro Skills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://pt.wkhealth.com/pt/re/aha/pdfhandler.00007670-200910000-00025.pdf;jsessionid=MGQGJTJXhjqqBKJJktvn2tk20ywJzc4HWy9KVy2LW2Chp84PN5LS!1986820555!181195628!8091!-1>

986820555!181195628!8091!-1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs) Page(s): 30-34.

Decision rationale: The patient presents with thoracic pain, lower back pain, analgesic gain and current diagnoses of severe Traumatic Brain Injury (TBI). The history of the TBI notes memory and conversational speech issues as well as difficulty functioning at home. Diagnoses include severe TBI, thoracic spine fracture s/p fusion T6-T10, left mandibular fracture s/p ORIF, and chronic pain syndrome. The current request is for Inpatient admission to center for neuro skills. The treating physician states in his treating report dated 4/15/15 (63B), "I would like to refer him to the [REDACTED], which is a facility for post-acute brain injury rehabilitation. He will benefit from physical therapy, occupational therapy and speech therapy, counseling as well as vision and vestibular therapy here. There is a facility in [REDACTED]. This will help the patient get back into a functional level again." MTUS Guidelines support the usage of inpatient pain rehabilitation programs for patients who "Have complex medical or psychological diagnosis that benefit from more intensive observation and/or additional consultation during the rehabilitation process." ODG guidelines support inpatient rehabilitation for TBI but does not provide guidelines on length of stay. It states, "The individual's use of these resources will be dependent on each person's specific treatment plan." In this case, the clinical history defines the patient's TBI and a specific treatment plan of physical therapy, occupational therapy and speech therapy, counseling as well as vision and vestibular therapy for 7 days to help the patient get back into a functional level. This recommendation is in accordance with the MTUS and ODG Guidelines. The current request is medical necessary.