

Case Number:	CM15-0161484		
Date Assigned:	08/27/2015	Date of Injury:	04/01/1996
Decision Date:	09/30/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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

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:

The injured worker is a 73 year old female who sustained an industrial injury on 04-01-96. Initial complaints include back pain. Initial diagnoses are not available. Treatments to date include medications, physical therapy, and bracing. Diagnostic studies include MRIs and CT scans. Current complaints include new onset paraparesis with belt level sensory level and wheelchair bound. Current diagnoses include possible epidural hematoma. In a progress note dated 06-02-15 the treating provider reports the plan of care as rehab facility for further treatment. The requested treatment includes rehab services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rehab services: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Spinal cord injury rehabilitation programs.

Decision rationale: The patient presents on 06/02/15 with new onset paraparesis. The patient's date of injury is 04/01/96. Patient is status post multiple lumbar spinal fusion surgeries. The request is for Rehab Services. The RFA was is dated 06/25/15. Physical examination dated 06/02/15 reveals that the patient is incontinent with a catheter in place, the inability to elicit reflexes in the lower extremities, and intact sensation at the L1 level. The patient's current medication regimen is not provided. Patient is currently disabled. ODG Low Back Chapter, under Spinal cord injury rehabilitation programs has the following: Recommended as indicated below. Also see the Head Chapter, Criteria for Interdisciplinary brain injury rehabilitation programs (post-acute care). Interdisciplinary rehabilitation programs range from comprehensive integrated inpatient rehabilitation to residential or transitional living to home or community-based rehabilitation. All are important and must be directed and/or overseen by a physician, board-certified in psychiatry or another specialty, such as neurology or neurosurgery, with additional training in brain injury rehabilitation. All programs should have access to a team of interdisciplinary professionals, medical consultants, physical therapists, occupational therapists, speech-language pathologists, neuropsychologists, psychologists, rehabilitation nurses, social workers, rehabilitation counselors, dietitians, therapeutic recreation specialists and others. The individual's use of these resources will be dependent on each person's specific treatment plan. All phases of treatment should involve the individual's family/support system. Criteria for Interdisciplinary spinal cord rehabilitation programs: 1.) Ongoing comprehensive rehab program with at least 3 disciplines and 4 hours/day, 5 days/week; 2.) Measurable progress documented toward pre-established goals with gains sustained; 3.) Mental status change and neurological assessment ongoing; 4.) Neurologic change and neurological assessment ongoing; 5.) Pain management addressed; 6.) No longer than 2-4 weeks without evidence of significant demonstrated efficacy as documented by subjective and objective gains. In regard to the attendance of spinal cord rehabilitation program, the requesting provider has failed to specify a duration of treatment. The documentation provided is somewhat unclear regarding this patient's current and ongoing treatments. Over 1500 pages of documentation was included with this case, including many pages of inpatient SNF/rehabilitation notes from Feb-May 2015, which indicate that this patient has a significant medical and surgical history secondary to cancer, falls, lumbar spine fusions, and subsequent paralysis in the lower extremities. Utilization review dated 08/07/15 certified the unspecified "rehab services" as a request for 10 sessions of physical therapy, citing physical medicine guidelines. A letter addressed to this patient's legal representation dated 08/26/15 indicates that the requested unspecified rehab services were approved, though does not lend any more insight into the nature of the original request. Per a handwritten RFA dated 06/25/15, it appears that the physician is requesting attendance of a multidisciplinary spinal cord rehabilitation program, not traditional physical therapy, though no duration is provided and it is not clear if the provider is requesting inpatient or outpatient spinal cord rehab. Given this patient's current presentation with significant and ongoing lower extremity complaints secondary to paraplegia, such a program could produce significant benefits for this patient. However, without a clearer indication of the true nature of the requested rehab services, and an appropriate stated duration of attendance, the request as written cannot be substantiated. Therefore, the request is not medically necessary.