

<b>Case Number:</b>	CM15-0181615		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	04/29/2015
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Psychologist

### 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 21 year old male who sustained an industrial injury on 4-29-15. A review of the medical records indicates that the injured worker is undergoing treatments for basilar skull fracture, lumbar vertebral fracture and traumatic subarachnoid hemorrhage without loss of consciousness. Medical records dated August 10-25, 2015 indicate the injured worker was with "no complaints of pain at this time." Explanation for level of care was noted as "medical monitoring and assistance to promote a safe return to the least restricted environment; general medical status remained stable." Treatment has included computed tomography of brain (4-29-15), cervical spine radiographic studies (5-1-15), lumbar spine radiographic studies (5-1-15), Oxycodone, Percocet, Hydrocodone, Diazepam, physical therapy, Ibuprofen since at least June of 2015, and Flexeril since at least June of 2015. Objective findings dated August 10-25, 2015 were notable for "completed the Six-Minute Walk Test achieving 1972 feet; previously unable to perform due to left foot pain. Modified Clinical Test of Sensory Interaction and Balance improved." The treating physician indicates that the urine drug testing performed on 8-24-15 was "results pending." The original utilization review (9-4-15) denied a request for day treatment programming times 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Day treatment programming x30 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head/Cognitive therapy and ODG Psychotherapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Chronic pain programs, intensity. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Head, Topic Interdisciplinary rehabilitation programs.

**Decision rationale:** Citation Summary: Per ODG recommended as indicated below. 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 physiatry or another specialty, such as neurology, 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. There was a low level of evidence that certain interventions were no different than others in terms of productivity outcomes at 1-year post-treatment. There was a low level of evidence that a comprehensive holistic day treatment program resulted in greater productivity, but not improved community integration, than the standard treatment. However, group differences no longer existed at 6 months post-treatment because the standard rehabilitation group made significant progress during the follow-up period. Gains made during rehabilitation appear to be sustained at follow-ups 6 months to 1 year post-treatment. Decision: The request was made for day treatment program times 30 days; the request was non-certified by utilization review which provided the following rationale for its decision: "There is no clear documentation for this patient as to what is being provided, the treatment plan, or rationale for treatment. The ODG recommends outpatient therapy for Traumatic Brain Injury (TBI) patients and there is no exceptional factors documented for this patient that shows that he cannot do outpatient therapy. The ODG recommends early identification of emergent psychiatric disorders and prompt early interventions to prevent psychiatric illnesses might facilitate optimal recovery from TBI. However, there is no evidence in the record submitted that the patient has undergone a psychiatric evaluation what is stated to be high levels of anxiety and anger management issues on. While the notes were provided for the request for additional days, the progress summary is not dated as to the time of the evaluation. Therefore the request is not supported." This IMR will address a request to overturn the utilization review decision. The utilization review determination for non-certification contains a significant error because it states that the patient should engage in outpatient treatment and describes the day program in a manner suggesting it is a residential program. A day treatment program is in fact outpatient treatment implemented at a more frequent and intense level of care. Also in contrast to the UR decision, the provided medical records do contain detailed information regarding the proposed treatment plan. Because of the relatively recent traumatic brain injury suffered with resulting ongoing psychiatric symptomology is reported at a clinically significant level, the overall request for day treatment is reasonable and medically appropriate for this patient at this time. However, the need for 30 days of said treatment is not. While there is no specific industrial guideline for treatment duration for day treatment program, the MTUS guidelines for Chronic Pain Programs (FRP) state that "treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. However,

it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that these gains are being made on a concurrent basis. Total treatment duration should generally not exceed 20 full-day sessions. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer duration require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. In addition, but of equal importance, the industrial guidelines generally recommend a short initial brief treatment trial with subsequent treatment contingent on documented objectively measure improvement and substantiated patient benefit. Again, using the citation for Functional Restoration Program the initial treatment trial is recommended to last for 10 days. On this basis, namely excessive duration of the request, the medical necessity is not established and the UR decision is upheld. The request is not medically necessary.