

Case Number:	CM15-0204644		
Date Assigned:	10/21/2015	Date of Injury:	11/19/2013
Decision Date:	12/02/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/19/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial-work injury on 11-19-13. He reported initial complaints of head, left shoulder, mid back, jaw, and bilateral rib pain. The injured worker was diagnosed as having traumatic brain injury, vertigo, headaches, skull fracture, left scapula fracture, left epidural hematoma, left tympanic membrane rupture, and depression. Treatment to date has included medication, surgery (left temporal parietal craniotomy with decompression of the epidural hematoma on 11-19-13 and repair of left temporal skull fracture, open reduction and internal fixation (ORIF) of right shoulder), psychiatric-neurology consult and psychotherapy, 18 sessions of physical therapy, and 18 physical therapy sessions for left shoulder and knee. Currently, the injured worker complains of dizziness with quick movements, nightmares, worsening mood swings and depression, tinnitus, left ear deafness. Headaches had resolved. He is on modified activities. Meds include Viagra, Clonazepam, Lamictal, Effexor, and Neurontin. Per the primary physician's progress report (PR-2) on 9-17-15, exam noted mild hypertension, low attention span, avoidance behavior, kyphotic posture, unsteady gait, flat affect, impaired judgment, and perceptual disturbances. Current plan of care includes referral for neuro skills day program. The Request for Authorization requested service to include Center for Neuro Skills Day Program x 24 days for Cognitive, Physical, Occupational Modalities, Evaluation and Treat as Indicated. The Utilization Review on 9-25-15 modified-denied the request for Center for Neuro Skills Day Program x 10 days for Cognitive, Physical, Occupational Modalities, Evaluation and Treat as Indicated, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Center for Neuro Skills Day Program x 24 days for Cognitive Physical Occupational Modalities Evaluation and Treat as Indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs). Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 113-114 and on the Non-MTUS Official Disability Guidelines (ODG), Head Chapter, Interdisciplinary rehabilitation programs (TBI); Neuro-psychological testing; Vestibular PT rehabilitation; Cognitive skills retraining; Cognitive therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: The California chronic pain medical treatment guidelines section on functional restoration programs states: Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see Chronic pain programs), were originally developed by Mayer and Gatchel. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes over time, but still remains positive when compared to cohorts that did not receive an intensive program. (Bendix, 1998) A Cochrane review suggests that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. The evidence is contradictory when evaluating the programs in terms of vocational outcomes. (Guzman 2001) It must be noted that all studies used for the Cochrane review excluded individuals with extensive radiculopathy, and several of the studies excluded patients who were receiving a pension, limiting the generalizability of the above results. Studies published after the Cochrane review also indicate that intensive programs show greater effectiveness, in particular in terms of return to work, than less intensive treatment. (Airaksinen, 2006) There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. (Karjalainen, 2003) Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. For general information see Chronic pain programs. While functional restoration programs are recommended per the California MTUS, the length of time is for 2 weeks unless there is documentation of demonstrated efficacy by subjective and objective gains. The request is for 24 days. This is in excess of the recommendations and thus is not medically necessary.