

Case Number:	CM15-0236647		
Date Assigned:	12/07/2015	Date of Injury:	03/10/2013
Decision Date:	12/09/2015	UR Denial Date:	11/20/2015
Priority:	Expedited	Application Received:	12/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain, postconcussive syndrome, and a personality disorder reportedly associated with an industrial injury of March 10, 2013. In a utilization review report dated November 20, 2015, the claims administrator failed to approve a request for a 90-day inpatient admission into a residential program. The claims administrator referenced an October 20, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a November 12, 2015 RFA form, a 90-day inpatient rehabilitation facility stay was sought. On an associated October 20, 2015 office visit, the applicant reported ongoing complaints of low back pain with tingling and paresthesias about the legs and numbness about the arms. The applicant reported issues with depression, mood disturbance, and throbbing pain about the eye, alleged speech deficits, language deficits, and poor memory. The applicant had left the water running at home from time to time, it was reported, and had gotten lost while on walks, the treating provider reported. The applicant's medication list included Prilosec, Norvasc, Zofran, Cymbalta, tramadol, and Benicar- hydrochlorothiazide, it was reported. The applicant was given diagnoses of closed head injury versus mild traumatic brain injury, postconcussive syndrome, cervical injury, cervicogenic headaches, cervical stenosis, thoracic strain, lumbar disc disease, and chronic pain syndrome, multifactorial headaches versus posttraumatic headaches, mood disturbance associated with traumatic brain injury, and personality disorder associated with spinal cord injury. The applicant was asked to apparently live in a structured living facility/supporting living environment, the treating provider reported. The treating provider

suggested the applicant be admitted into a long- term residential program at a transitional living center.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 day inpatient admit to residential program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Interdisciplinary rehabilitation programs (TBI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Interdisciplinary rehabilitation programs (TBI); Head, Cognitive skills retraining.

Decision rationale: The MTUS does not address the topic. However, ODG's Head Chapter, Cognitive Skills Retraining Topic notes that cognitive and skills-specific retraining need to be guided by the individual's real daily living needs and should be "modified to fit the unique psychological and neuropsychological strengths and weaknesses of the patient." Here, however, the attending provider did not clearly articulate or identify why a 90-day inpatient admission was needed here. The attending provider's documentation and commentary of October 20, 2015 seemingly suggested that the bulk of the claimant's issues stemmed from suboptimally controlled depression. It was not clearly stated or clearly established how precisely the claimant could profit from the 90-day inpatient program in question. ODG's Head Chapter, Interdisciplinary Rehabilitation Programs (TBI) Topic further notes that some of the criteria for admission into a residential transitional rehabilitation - inpatient - program include evidence that the claimant requires neurobehavioral treatments for moderate-to-severe deficits, evidence that the claimant demonstrates moderate-to-severe cognitive dysfunction, evidence that the claimant requires treatment from multiple rehabilitation disciplines, evidence that the claimant is medically complex, evidence that the claimant will benefit from combination therapies, evidence that the claimant is unsafe, evidence that the claimant has severe postconcussive syndrome, evidence that the claimant is unable to feed orally, or evidence that a claimant's family is unable to provide care for a claimant while participating in rehabilitation. Here, however, it was not clearly stated or clearly established that the claimant would necessarily stand to gain or profit from intensive therapy via the program in question, particularly in light of the fact that the treating provider stated on October 20, 2015 that the bulk of the claimant's symptoms seemingly stem from suboptimally controlled depression. The treating provider suggested that the claimant's depression was suboptimally managed on one antidepressant medication, Cymbalta at a relatively low dose of 30 mg daily. There was no mention of the claimant's inability to feed himself. There was no evidence that the claimant was medically complex. The claimant only had one seeming comorbidity, hypertension, the treating provider reported on October 20, 2015. While the claimant did exhibit poor short-term memory recall on October 20, 2015, there is no evidence that the claimant in fact had moderate-to-severe cognitive dysfunction or severe postconcussive syndrome which would have compelled the program in question. Therefore, the request is not medically necessary.

