

Case Number:	CM15-0178426		
Date Assigned:	09/18/2015	Date of Injury:	03/18/2015
Decision Date:	10/22/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female who sustained an industrial injury on 03-18-2015 while walking she stumbled and hit her head on a pole. There was no loss of consciousness. A left forehead laceration was sutured. The injured worker has a history of bipolar disorder. The injured worker was diagnosed with closed head injury, post-concussion syndrome with cognitive deficit, myofascial sprain and strain of the cervical and lumbosacral spine, headaches, sleep disturbance, nausea and vomiting. According to the treating physician's progress report on August 14, 2015, the injured worker continues to experience headaches, difficulty with concentration, short and long term memory loss, decision making, neck and low back pain, right shoulder and right upper extremity pain. The injured worker rated her average pain at 6-7 out of 10 on the pain scale with medications and 9 out of 10 without medications. Examination of the cervical and lumbar spine demonstrated tenderness to palpation of the spine and paraspinal muscles. There was no stiffness or spasm with full but painful range of motion. Spurling's, Adson's, straight leg raise, Fabere-Patrick's extension and Gaenslen's tests were negative. Motor strength, deep tendon reflexes and sensation were intact. Cranial nerves II through XII were grossly intact with pupils equal and reactive to light, accommodation, and fundoscopic examination within normal limits. The injured worker had difficulty with dates (children's birthdays) and what she ate for breakfast. The injured worker had difficulty performing finger-to-nose-to- finger, heel to shin and rapid alternating movements smoothly. Romberg's sign was present, positive fall back with eyes closed was present and tandem gait for loss of balance was noted. The injured worker had difficulty transporting, adding and multiplying numbers. Current

medications were listed as Norco, Ibuprofen, Carbamazepine, Promethazine, Citalopram and Prilosec. Treatment plan consists of acupuncture therapy, transcutaneous electrical nerve stimulation (TEN's) unit, start Topamax, decrease Percocet, decrease Promethazine, continue with Ibuprofen, Prilosec, and the current request for authorization for rehab without walls and the multidisciplinary program. The Utilization Review determined the request for the physical therapy, occupational therapy, speech and psychology multidisciplinary program was not medically necessary on 08-26-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy/Occupational therapy (PT/OT) Speech and Psychologist multidisciplinary 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 Chapter Speech therapy (ST), See -Multidisciplinary rehabilitation programs.

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

Decision rationale: The claimant sustained a work injury in March 2015 when, while working as a custodian, she stumbled and fell hitting a pole. She was seen on 08/14/15. There had been no loss of consciousness. She was having pain affecting the right side of her body, headaches, and cognitive difficulty. She considered herself very disabled. Her past medical history included bipolar disorder, anxiety, and depression. Physical examination findings included poor concentration and she had difficulty recalling the date of her anniversary or birthdates of her children. There was lumbar tenderness and pain with range of motion. There was positive Romberg testing with loss of balance. Authorization for a multidisciplinary program was requested. Criteria for a multidisciplinary pain management program include an adequate and thorough evaluation, including baseline functional testing. In this case, the claimant has not undergone an appropriate evaluation for participating in a multidisciplinary program. Additionally, the claimant has co-morbid psychiatric conditions. Being unable to remember dates and events well before the date of injury suggests findings that are not consistent with the sequela of a mild traumatic brain injury. Further psychological evaluation is needed. The request is not considered medically necessary.