MAXIMUS Federal Services

Case Number:	CM15-0023468		
Date Assigned:	02/13/2015	Date of Injury:	01/15/1993
Decision Date:	06/02/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/09/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 73-year-old female, who sustained an industrial injury on 1/15/1993. She reported brain injury from a motor vehicle accident. The injured worker was diagnosed as having post-concussion syndrome. Treatment to date has included medications, auditory evaluation. The request is for neuropsychology independent evaluation and treatment, comprehensive rehab evaluation, rehab plan, and optometric evaluation. The documentation of 11/12/2014 revealed the injured worker had decreased attention on examination. The injured worker had continued symptoms with cognition and visual perception. The treatment plan included a rehab evaluation and treatment. On 1/12/2015, the records indicate she continues to require assistance with activities of daily living. She continues with cognitive impairment, low back pain, headaches, and visual disturbances. The records indicate visual therapy has been helping. The treatment plan included: follow up, and comprehensive rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychology Independent Evaluation and Treatment: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Neuropsychological testing.

Decision rationale: The Official Disability Guidelines indicate that neuropsychological testing is recommended for severe traumatic brain injury, but not for concussions unless symptoms have persisted beyond 30 days. For concussion and mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post-injury. The submitted documentation indicated the injured worker was post-concussion syndrome. The injured worker was noted to be 22 years post-injury and there was no clear presentation or history of prior treatments and whether there had been a recent change in the injured worker's status. There was a lack of documentation indicating whether the injured worker had previously undergone a neuropsych evaluation and treatment. Additionally, there could be no decision for treatment without first an evaluation. Given the above and the lack of documentation, the request is not medically necessary.

Comprehensive Rehab Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Program Page(s): 30-32.

Decision rationale: The California MTUS Guidelines indicate that interdisciplinary rehabilitation programs are pain rehabilitation programs that combine multiple treatments and at the least include psychological care along with physical therapy and occupational therapy. The clinical documentation submitted for review failed to provide documentation of prior treatments to support the necessity for an interdisciplinary rehabilitation program. There was a lack of documentation of prior care and whether a comprehensive rehabilitation evaluation had previously been performed. Additionally, the specific type of rehabilitation was not submitted per the request, including whether it was for a functional restoration program, behavioral or mental health program or all-inclusive. Given the above, the request is not medically necessary.

Rehab Plan Formulation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Program Page(s): 30-32.

Decision rationale: The California MTUS Guidelines indicate that interdisciplinary rehabilitation programs are pain rehabilitation programs that combine multiple treatments and at the least include psychological care along with physical therapy and occupational therapy. The clinical documentation submitted for review failed to provide documentation of prior treatments to support the necessity for an interdisciplinary rehabilitation program. There was a lack of documentation of prior care and whether a comprehensive rehabilitation evaluation had previously been performed. Additionally, the specific type of rehabilitation was not submitted per the request, including whether it was for a functional restoration program, behavioral or mental health program or all-inclusive. Given the above, the request is not medically necessary.

Optometric Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The documentation indicated the injured worker had visual complaints. However, the documentation failed to provide objective findings to support the necessity for an optometric evaluation. The rationale was not provided. Given the above, the request is not medically necessary.