

Case Number:	CM15-0025132		
Date Assigned:	02/20/2015	Date of Injury:	10/28/2011
Decision Date:	04/14/2015	UR Denial Date:	02/03/2015
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: Florida
 Certification(s)/Specialty: Neurology, 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:

This 46-year-old man sustained an industrial injury on 10/28/2011 as a result of an assault or fall which left him with a significant traumatic brain injury. Treatment has included oral medications, vision therapy, and nerve blocks. Physician notes dated 1/28/2015 show headache and head pain. He is currently attending vision therapy. Recommendations include continuing regular medications with possible weaning in the future, work with pain clinic, and follow up in six months. On 2/3/2015, Utilization Review evaluated a prescription for neuro-visual rehabilitation for 16 additional sessions that were submitted on 2/9/2015. The UR physician noted the claimant gets headaches when struggling with reading after a re-injury. Considering the prior injury, re-injury, and continued deficits, therapy is recommended. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was modified and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro-visual rehabilitation for 16 more sessions: 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)-TWC Head Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - head, visual/cognitive therapy.

Decision rationale: The medical records provided for review do not support the presence of demonstrated outcome in regard to therapy to date. There are no identified goals of continued therapy in support of continued therapy. ODG guidelines support continuation of therapy in cases where there is demonstrated outcomes from therapy to date with identified goals of future therapy. As such, the medical records do not support additional therapy at this time.

Post treatment evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - head, visual/cognitive therapy.

Decision rationale: The medical records provided for review do not support the presence of demonstrated outcome in regard to therapy to date. There are no identified goals of continued therapy in support of continued therapy. ODG guidelines support continuation of therapy in cases where there are demonstrated outcomes from therapy to date with identified goals of future therapy. As such, the medical records do not support additional therapy at this time. As such, follow-up visit would not be supported as needed.