

Case Number:	CM15-0064863		
Date Assigned:	04/10/2015	Date of Injury:	10/26/2009
Decision Date:	05/22/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/06/2015

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: New York

Certification(s)/Specialty: Neurological Surgery

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 33 year old male who sustained an industrial injury on October 26, 2009. He has reported a head injury and has been diagnosed with headache, memory loss, seizures, and visual abnormalities. Treatment has included medications and AED trials. Currently the injured worker sees people that aren't there more so on the left side. The treatment request included caregiver visits, daily supervision, and 1 seizure surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Months Caregiver Visits for 8 hours/ day, 4 days a week, 4 months: Overturned

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 (ODG) Head Chapter-Home Health Services.

Decision rationale: The ODG guidelines do recommend home health services for medical management. This complicated patient has ongoing problems with seizures. Documentation shows he is not under control with his anticonvulsant medication which requires monitoring and adjustment. The requested treatment: 12 Months Caregiver Visits for 8 hours/ day, 4 days a week, 4 months is medically necessary and appropriate.

Unknown Duration daily Supervision: Overturned

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 (ODG) Head Chapter-Home Health services.

Decision rationale: The ODG guidelines do recommend home health services for medical management. This complicated patient has ongoing problems with seizures. Documentation shows he is not under control with his anticonvulsant medication which requires monitoring and adjustment. The requested treatment: Unknown Duration daily Supervision is medically necessary and appropriate.

1 Seizure Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Appropriateness Criteria Seizures and Epilepsy.

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-Surgery.

Decision rationale: The requested service of seizure surgery is not supported for necessity by the documentation. The documentation notes that no surgical lesion was noted on the MRI scan of the patient's brain. The documentation noted that with the patient's head injury and the diffuse nature of the closed head injury he was likely a poor candidate for seizure surgery. The requested treatment: 1 Seizure Surgery is NOT medically necessary and appropriate.