

# MEDICAL REVIEW OF TEXAS

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Notice of Independent Review Decision

**DATE OF REVIEW: MARCH 4, 2008**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Comprehensive brain injury rehabilitation program x 22 days.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

MD, Board Certified in Neurology

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- \* review determination of 1/8/08. review determination denial of 1/24/08. review denial of 3/5/07.
- \* Pre-authorization request from Center on 1/8/08.
- \* re-evaluation report on 12/18/07.
- \* Medical Center at Medicine and Rehabilitation re- evaluation report on 1/24/08.
- \* Division of Workers' Compensation hearing order on 12/17/07.
- \* re-evaluation report on 2/21/07.
- \* Letter denial of services on 3/5/07.

- \* preliminary evaluation report on 2/21/07.
- \* Medical Center at clinic visit of MD [1/10/08, 12/14/07, 11/2/07, 10/5/07, 9/19/07].
- \* ODG was not provided.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient reportedly slipped and fell backwards on ice while entering her place of employment on xx/xx/xx striking the back part of her head on pavement. There was no loss of consciousness but she "felt stunned". She received some help at the scene and EMS was called. She was transported to local emergency department of Medical Center of (MCA). Cervical spine x-ray was performed with normal results. She was later sent home but reported having nausea for several days, which improved over time. Additionally, she reported having neck pain that radiated to the back of her head and felt that she had some tightness of her neck muscles. She was also told that she had a fracture of the tailbone while in the emergency room. She denied any numbness or weakness in her extremities and there was no incontinence reported. A CT scan of the brain was without any acute abnormalities. She was reported to have some spasms in the trapezius and cervical spinal regions but had good range of motion in the head, neck, and all extremities. She was reportedly awake and alert and followed command appropriately. Cranial nerve exam was normal. Cerebella, motor, sensory exam and reflexes were all symmetric and non-focal in nature. No Babinski sign was elicited. A prednisone taper was recommended. She returned to the same hospital on 12/12/06 because of constant headache since her fall. She was treated and released with the diagnosis of postconcussive syndrome. She has continued to have multiple symptoms. She has continued to have frequent headaches. She has had halting speech. She has reported to pain management and referred to the Center for cognitive rehabilitation. During her initial evaluation, the patient had documented difficulties in short-term memory and activities of daily living.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS. FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

BECAUSE TBI HAS MANY LONG TERM AND SOMETIMES PERMANENT EFFECTS ON AN INDIVIDUAL MULTIFACTORIAL APPROACH, EVALUATING VOCATIONAL REHABILITATION IS RECOMMENDED, WHICH INCORPORATES THE SUBJECTIVE EXPERIENCE OF WORK (LEVACK, 2004) SOME SPECIAL CHALLENGES DURING WORK PLACE REHABILITATION OF THE PATIENT'S WITH COGNITIVELY DEMANDING JOBS INCLUDE (A) A HIGHER POTENTIAL FOR THE PATIENT FRUSTRATION GIVEN THE GAP BETWEEN FUNCTION AND JOB EXPECTATIONS. (B) CONFIDENTIALITY ISSUES REGARDING BUSINESS EMPLOYEES AND COMPARATORS. (NIMGADÉ, 2003) OTHER CHALLENGES INCLUDE POSTCONCUSSION SYNDROME SYMPTOMS SUCH AS DIZZINESS, SLEEP DISORDERS, HEADACHES, AND OTHER PHYSICAL DEFICITS IN ADDITION TO SIGNIFICANT PSYCHOSOCIAL AND COGNITIVE DEFICITS AS A RESULT OF THE INJURY. RESEARCH POINTS

TO THE IMPORTANCE OF ADDRESSING THESE DEFICITS USING A SUPPORTIVE VOCATIONAL REHABILITATION TEAM APPROACH THAT FOCUSES ON ACCESSING A WIDE RANGE OF COGNITIVE PHYSICAL AND FUNCTIONAL VARIABLES. (OUELLET, 2004), (POSSL, 2004), (POSSL, 2001), (VANDIVER, 2003), (WEDCLIFFE, 2001), (WEHMAN, 2005). IN ADDITION TO POSTCONCUSSION SYMPTOMS, WORKERS WITH MILD TBI MAY HAVE COGNITIVE DEFICITS IN MEMORY, ATTENTION, AND EXECUTIVE FUNCTIONS. PHYSICIANS SHOULD BE AWARE OF THIS EVEN IF THE WORKER HAS NO COMPLAINTS OR SYMPTOMS. MEMORY, ATTENTION, AND EXECUTIVE FUNCTION SHOULD BE TESTED BY ASKING SPECIFIC QUESTIONS REGARDING RECENT EVENTS AND HAVING INDIVIDUALS PERFORM SPECIFIED TASKS. PHYSICIAN SHOULD INFORM THE INDIVIDUAL WITH TBI AND THEIR SUPERVISOR TO EXPECT MEMORY AND ATTENTION DEFICITS AND ACCOMMODATE ACCORDINGLY. (COLORADO, 2005).

## Medical Review of Texas

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### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
  - \* (LEVACK, 2004), (NIMGAD, 2003), (OUELLET, 2004), (POSSL, 2004), (POSSL, 2001), (VANDIVER, 2003), (WEDCLIFFE, 2001), (WEHMAN, 2005), (COLORADO, 2005)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)