

Case Number:	CM13-0015006		
Date Assigned:	12/04/2013	Date of Injury:	08/02/2005
Decision Date:	02/03/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medii, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 physician 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/services.

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 patient is a 50-year-old female who reported injury on 08/02/2005 with the mechanism of injury being a motor vehicle accident. The patient was noted to undergo an AME in Psychiatry which revealed the patient had severe depression and severe anxiety. The patient was noted to have severe insomnia, and sleep apnea requiring the use of a CPAP machine. The patient's diagnoses were noted to include post lumbar laminectomy syndrome, sleep apnea, carpal tunnel syndrome, fibromyalgia, and morbid obesity. The request was made for a psychiatry evaluation for treatment and management of chronic depression and anxiety, as well as a plastic surgeon and inpatient rehabilitation for comprehensive multidisciplinary program.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) in-patient rehabilitation for comprehensive multidisciplinary: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupationa Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 6, page 113 regarding Pain, Suffereing and the Restoration of Funtion

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inpatient pain rehabilitation programs Page(s): 32.

Decision rationale: Per California MTUS Guidelines, inpatient rehabilitation programs consist of functional rehabilitation and medical care more than their outpatient counterparts. These types of programs are indicated for patients who do not have minimal functional capacity to participate effectively in an outpatient program, have medical conditions that require more intensive oversight, are receiving large amounts of medications necessitating medication weaning or detoxification, or have complex medical or psychological diagnoses that would benefit from more intensive observation and/or additional consultation during the rehabilitation process. Clinical documentation submitted for review indicated the patient scored in the severe range for the Beck Depression Inventory and for the Beck Anxiety Inventory, the patient scored in the severe level as well. The patient was noted to have morbid obesity and there was a request for a psychiatric evaluation. The patient was noted to undergo an AME in Psychiatry on 09/28/2013. It was noted the patient's lifestyle was impacted by pain and that the patient's capacity for rehabilitation was significantly compromised because of her obesity. The patient's ability to perform exercise was noted to be compromised. The physician opined it would be beneficial for the patient to undergo breast reduction surgery since the voluminous breasts were compromising the patient's capacity to exercise and her posture. Additionally, it was indicated the patient should undergo a possible tummy tuck. The patient was noted to be taking Opana ER 40 mg 2 tablets twice a day and Xanax 1 mg 3 tablets on an as-needed basis for anxiety. Clinical documentation would support the necessity for the request; however, there was a lack of documentation indicating the duration of care being requested. Given the above, the request for 1 inpatient rehabilitation for comprehensive multidisciplinary is not medically necessary.