

Case Number:	CM13-0015829		
Date Assigned:	10/11/2013	Date of Injury:	10/20/2012
Decision Date:	01/31/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/23/2013

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 medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana, and 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41-year-old female who reported an injury on 10/20/2012 due to assisting a heavyset patient for a long period of time. Treatment to date included a [REDACTED] program and medications. The patient's most recent clinical evaluation was provided by the [REDACTED] program. This included positive responses to the program such as increased endurance, increased function, and decreased medications. The patient's diagnoses included lumbar degenerative disc disease, marked myofascial syndrome, and fear-based avoidance of activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) months HELP remote care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs). Decision based on Non-MTUS Citation ODG Low Back - Lumbar & amp: Thoracic (Acute & amp: Chronic) .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30.

Decision rationale: The requested four (4) months [REDACTED] remote care is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends

functional restoration programs when there is access to programs with proven successful outcomes for patients with conditions that put them at risk for delayed recovery. The clinical documentation submitted for review does provide evidence that the patient previously benefited from participation in a [REDACTED] program. However, the clinical documentation submitted for review does not provide evidence that a Remote [REDACTED] program is a program with scientifically proven successful outcomes. Therefore, it would not be supported by Guideline recommendations. Additionally, the request is for an additional 4 months of treatment. The California Medical Treatment and Utilization Schedule does not recommend treatment beyond 20 days without clear rationale for the specified extension and reasonable goals to be achieved with individual care plans and proven outcomes. The clinical documentation submitted for review does not provide the recommended elements of documentation to support an extended duration of treatment of this type of program. As the documentation does not include clear rationale for the specified extension and individualized care plans and proven outcomes of the Remote HELP program, this type of functional restoration program would not be indicated for this patient. As such, the requested four (4) months [REDACTED] remote care is not medically necessary or appropriate.

One (1) weekly call reassessment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs. Decision based on Non-MTUS Citation ODG Low Back - Lumbar & amp: Thoracic (Acute & amp: Chronic) .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 30.

Decision rationale: The decision for One (1) weekly call reassessment is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously participated in a [REDACTED] restoration program. However, there is no scientific evidence to support the efficacy and proven outcomes of a Remote [REDACTED] functional restoration program. Therefore, this type of program would not be supported by California Medical Treatment and Utilization Schedule. As such, the associated 1 weekly call re-assessment would not be indicated. As such, the requested One (1) weekly call reassessment is not medically necessary or appropriate.

One (1) visit, four (4) hours and equipment (1 pair 5 lb dumbbells, 1 pair 3 lb dumbbells, 1 stride exercise cycle, 1 adjustable cuff weight: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs. Decision based on Non-MTUS Citation ODG Low Back - Lumbar & amp: Thoracic (Acute & amp: Chronic) .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-67.

Decision rationale: The requested One (1) visit, four (4) hours and equipment (1 pair 5 lb dumbbells, 1 pair 3 lb dumbbells, 1 stride exercise cycle, 1 adjustable cuff weight) is not medically necessary or appropriate. The clinical documentation submitted for review does not provide evidence that the patient previously participated in a [REDACTED] functional restoration program. The patient should be well versed in an independent home exercise program. The California Medical Treatment and Utilization Schedule does recommend exercise programs, including aerobic conditioning and strengthening. However, the Official Disability Guidelines define durable medical equipment as equipment that serves a medical purpose and is not useful to the patient in the absence of injury or illness. The requested exercise equipment would not be considered standard medical treatment. Additionally, this type of equipment is beneficial to the patient in the absence of injury or illness. Therefore, it would not meet the criteria of durable medical equipment. As such, the requested One (1) visit, four (4) hours and equipment (1 pair 5 lb dumbbells, 1 pair 3 lb dumbbells, 1 stride exercise cycle, 1 adjustable cuff weight) is not medically necessary or appropriate.