

Case Number:	CM13-0038537		
Date Assigned:	12/18/2013	Date of Injury:	09/17/2008
Decision Date:	04/14/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/25/2013

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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/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 60-year-old female who was injured on 9-17-08. On 08-13-2013, she was described as "making strides towards her medical and functional goals." Current diagnoses include pelvic pain and myofascial pain. Treatment through 08-13-2013 included 4 weeks of a functional restoration program. Treatment requested was for (1) 4 months of [REDACTED] remote care: 1 weekly call; (2) Reassessment: 1 visit, 4 hours, and (3) Equipment: Safety exercise ball, stretch out strap, InStride cycle XL, and Thera-Cane. These three requests were declined.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR (4) MONTHS OF [REDACTED] REMOTE CARE: ONE (1) WEEKLY CALL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs), Page(s): 30-33, 49.

Decision rationale: The MTUS Chronic Pain Guidelines state that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. They do not specifically address follow-up parameters.

The Official Disability Guidelines states that post-program treatment should be well documented and provided to the referring physician. The patient may require time-limited, less intensive post-treatment with the program itself. Defined goals for these interventions and planned duration should be specified. The 4 months of [REDACTED] remote care was declined because suggestions for treatment post-program were not well documented and provided to the referral physician. However, the Progress Report does state that reports of progress would be available during the course of treatment. Likewise, suggested treatment and goals post-program were outlined in the report. Therefore, there is documentation for the medical necessity of one weekly call for 4 months.

REASSESSMENT: ONE (1) VISIT, 4 HOURS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions & Treatment; Chronic Pain Programs (functional restoration programs), Page(s). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Low Back, Chronic Pain Programs; Office Visits.

Decision rationale: The MTUS Chronic Pain Guidelines state that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. They do not specifically address follow-up parameters. The Official Disability Guidelines (ODG) states that favorable post-treatment care outcomes include patients not seeking care from a new provider. New providers tend to reorder diagnostic tests and start long-term analgesics. The (ODG) further notes that, "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." They state that patient conditions are extremely varied and that a set number of office visits per condition cannot be reasonably established. The Medical Treatment Utilization Schedule (MTUS) state that there is no set visit frequency. It should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months. The extra visit was declined because there was no stated rationale for the necessity of an aftercare program as opposed to follow-up with regular office visits. However, as noted above, there is some rationale for limited follow-up by the treatment provider.

DURABLE MEDICAL EQUIPMENT REQUEST FOR SAFETY EXERCISE BALL, STRETCH OUT STRAP, INSTRIDE CYCLE XL, AND THERA-CANE: 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); Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Low Back, Exercise; Exercise.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) recommends exercise for chronic pain conditions. There is no sufficient evidence to support one exercise regimen over another. They note that physical conditioning in chronic pain patients can have immediate and long-term benefits. The Official Disability Guidelines (ODG) related to the low back notes that patients that use resistance training such as dumbbells, barbells, and other load-bearing exercise equipment have a significantly higher rate of improvement in pain and functional levels than those using aerobic training (jogging, treadmill, elliptical). The original denial for home equipment stated that a specific exercise or task for the patient to perform was not documented. Though detailed instructions are not necessary, there should be a specific goal for each type of equipment related to the area of pathology.