

Case Number:	CM13-0038664		
Date Assigned:	12/18/2013	Date of Injury:	04/13/2009
Decision Date:	02/26/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	09/30/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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:

██████████ is a 34-year-old man who sustained a work-related injury on April 15, 2009. He was subsequently diagnosed with complex regional syndrome; radiculopathy and opioid dependence. He has a history of left third finger neurectomy, NP patient off the left third finger. The patient have a restoration program between July 15, 2013 and September 12, 2013 with satisfactory results. The provider requested authorization for Transitional step down program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transitional step down program, 8 (3 hour) session: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 64-66.

Decision rationale: According to MTUS guidelines, functional restoration program is recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain

rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). There is no clear documentation for the need for more restoration program. The provider documented excellent results. Therefore, the request for Transitional step down program, 8 (3 hour) session is not medically necessary