

<b>Case Number:</b>	CM13-0040834		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Occupational 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 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:

According to the records made available for review, this is a 55-year-old female with a 10/17/11 date of injury. At the time (10/2/13) of request for authorization for HELP remote care, one (1) weekly call (months) QTY: 3.00 and in-office interdisciplinary reassessment 4 hours QTY: 1.00, there is documentation of subjective (neck, right shoulder, head, and upper back pain with intermittent right arm pain and weakness) and objective (limited bilateral upper extremity strength) findings, current diagnoses (chronic neck, right shoulder, head, and upper back pain, intermittent right arm pain and weakness, C2-3, C3-4, and C4-5 facet arthropathy, and reactive sub occipital, paraspinous cervical, upper trapezius, and rhomboid myofascial pain), and treatment to date (20 full day sessions of a functional restoration program). Medical report identifies that the patient has completed 20 days full time in an FRP. The patient has been receiving remote coaching calls each week to assist her with strategies for functional improvement and has gained great benefit. A request for HELP remote care, one weekly call (months) #3 followed by in-office interdisciplinary reassessment, 4 hours is being recommended. There is no documentation of a clear rationale for the specified extension and reasonable goals to be achieved, as well as individualized care plans with proven outcomes based on chronicity of disability and other known risk factors for loss of function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HELP REMOTE CARE, ONE (1) WEEKLY CALL (MONTHS) QTY: 3.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 2.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration programs) Page(s): 30-32. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. Furthermore, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic neck, right shoulder, head, and upper back pain, intermittent right arm pain and weakness, C2-3, C3-4, and C4-5 facet arthropathy, and reactive sub occipital, paraspinous cervical, upper trapezius, and rhomboid myofascial pain. In addition, there is documentation of completion of 20 full day sessions of a functional restoration program, which is the limit of guidelines. Furthermore, there is no documentation of a clear rationale for the specified extension and reasonable goals to be achieved. Lastly, despite documentation of a rationale that the patient has gained great benefit from receiving remote coaching calls each week, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous functional restoration program. Therefore, based on guidelines and a review of the evidence, the request for HELP remote care, one (1) weekly call (months) QTY: 3.00 is not medically necessary.

**IN-OFFICE INTERDISCIPLINARY REASSESSMENT 4 HOURS QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 2.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration programs) Page(s): 30-32. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. Furthermore, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic neck, right shoulder, head, and upper back pain, intermittent right arm pain and weakness, C2-3, C3-4, and C4-5 facet arthropathy, and reactive sub occipital, paraspinous cervical, upper trapezius, and rhomboid myofascial pain. In addition, there is documentation of completion of 20 full day sessions of a functional restoration program, which is the limit of guidelines. Furthermore, there is no documentation of a clear rationale for the specified extension and reasonable goals to be achieved. Lastly, despite documentation of a rationale that the patient has gained great benefit from receiving remote coaching calls each week, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous functional restoration program. Therefore, based on guidelines and a review of the evidence, the request for in-office interdisciplinary reassessment 4 hours QTY: 1.00 is not medically necessary.