

Case Number:	CM13-0054154		
Date Assigned:	12/30/2013	Date of Injury:	11/14/2011
Decision Date:	03/25/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesiology has a subspecialty in Pain Management 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 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 50-year-old injured worker who reported an injury on 11/14/2011. The patient was reportedly injured when she was playing basketball with a student and twisted her arm as well as incurring an injury to her low back. The patient has successfully completed a functional restoration program and made significant progress. The patient has also been successfully detoxed; however, the documentation states that due to her scattered nature and her inability to follow instructions clearly, which was believed to be character illogical in nature and very well may require neuropsychiatric evaluation. She was noted to have not followed instructions and went into florid withdrawal as she had decided to stop all her Suboxone medications, but also stopped all her other medications. The physician does not want the patient to regress and is recommending the patient see a psychologist for at least 8 sessions to get better insight on how to manage the patient in terms of her compliance with treatment programs that she learned in the functional restoration program. The physician was requesting the HELP remote care for the patient to get continued motivation to continue with the program, and is requesting 8 sessions of CBT initially as well as HELP remote care.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP remote care, one weekly call, four months: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Chronic pain programs (functional restoration programs)

Decision rationale: According to Official Disability Guidelines, suggestions for treatment post program should be well-documented and provided to the referral physician. The patient may require time-limited, less intensive post treatment with the program itself. Defined goals for these interventions and plan durations should be specified. In the case of this patient, there was no documentation providing a thorough rationale for an aftercare program, with clearly defined goals and a time-limited followup of no more than 2 visits. Furthermore, there was no rationale for the necessity of an aftercare program compared to a regular office visit. The request for HELP remote care, one weekly call, for four months is not medically necessary and appropriate.

Reassessment visit, for four hours: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Chronic pain programs (functional restoration programs)

Decision rationale: According to Official Disability Guidelines, suggestions for treatment post program should be well-documented and provided to the referral physician. The patient may require time-limited, less intensive post treatment with the program itself. Defined goals for these interventions and plan durations should be specified. In the case of this patient, there was no rationale for the necessity of a four hour follow-up visit when a routine office visit would suffice. Furthermore, there are no documentations provided from 10/29/2013 to clarify what the physician's rationale was for the lengthy reassessment. The request for reassessment visit, for four hours is not medically necessary and appropriate.