

Case Number:	CM13-0057364		
Date Assigned:	12/30/2013	Date of Injury:	07/30/2004
Decision Date:	11/17/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 42-year-old female with a date of injury of 07/30/2004. The listed diagnoses per [REDACTED] are: 1. Low back pain, status post surgery with ongoing pain exasperated by recent inactivity. 2. Recent history of leg pain and groin abscess. 3. History of DVT, currently on Coumadin. 4. Moderate depression. According to progress report 07/30/2013, by [REDACTED], the patient presents with pain in her neck, upper back, low back, buttocks, groin, left thigh, bilateral posterior calves, and bilateral feet. Patient's treatment history includes TENS unit, medications, spinal cord stimulator, physical therapy, injections, home exercise program, and surgery. Report indicates the patient has completed the [REDACTED] functional restoration program and "was pursuing her home exercise program and reports having an active lifestyle." The patient subsequently encountered difficulties with abscesses in her groin and leg area. Treating physician states, as a result, her functional abilities has declined, and now requires more direct services. The request is for outpatient remote care for 4 months and an interdisciplinary "reassessment" for the lumbar spine. Utilization review denied the request on 11/05/2013. The medical file provided for review includes 2 progress reports from 07/30/2013 from [REDACTED] and [REDACTED]. There are no reports from [REDACTED], the requesting physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT REMOTE CARE (4 MONTHS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: This patient presents with chronic pain. The patient has completed [REDACTED] with some noted benefits, but has recently become de-conditioned. The treating physician is requesting an outpatient remote care for 4 months. Regarding additional FRP, the MTUS states, "Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." The treating physician is asking for remote care for 4 months as this patient requires additional support. In this case, there is no discussion of what can be accomplished with an extended program, that has not already been accomplished during [REDACTED]. In addition, the treating physician does not explain why this extended monitoring and treatment cannot be provided by the patient's primary treating physician through regular office visitations. The [REDACTED] has had 6 weeks or more with this patient. At some point, the patient should be returned to the normal treatment channels. Therefore, the request is not medically necessary.

A INTERDISCIPLINARY RE-ASSESSMENT FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: This patient presents with chronic pain. The patient has completed the HELP program with some noted benefits, but has recently become de-conditioned. The treating physician is requesting an interdisciplinary reassessment. The MTUS page 30 to 33 recommends functional restoration programs and indicates if may be considered medically necessary when all criteria are met including adequate and thorough evaluation has been made. In this case, the patient has already had a thorough assessment and has completed the HELP program. It is not clear what more is to be accomplished with a re-assessment. The patient is being followed by multiple treating physicians that are monitoring the patient current state and should be providing routine assessment. The requested interdisciplinary "reassessment" is not medically necessary.