

<b>Case Number:</b>	CM13-0057965		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/15/2011
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Physical Medicine and Rehabilitation, 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 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 female with a date of injury of 03/15/2011. The listed diagnoses per [REDACTED] are: 1) Right upper extremity complex regional pain syndrome 2) Myofascial pain 3) Pregnancy 4) Severe depression with suicidal attempts According to report dated 10/25/2013 by [REDACTED]; the patient has completed her sixth and final week in the [REDACTED], "having made commendable progress towards her medical and functional goals." It was noted that patient is pregnant and has weaned off most of her medications. The report goes on to state, "given the potential for recidivism we strongly recommend the patient transition to our [REDACTED]." [REDACTED] goes on to argue that continued participation in the [REDACTED] is justified by the functional and medical progress achieved by the patient during her time of participation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**four months [REDACTED] remote care, reassessment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33, and 49.

**Decision rationale:** The patient has completed her sixth and final week in the [REDACTED]. Treater is requesting 4 additional months of remote care, reassessment and equipment by the [REDACTED]. Utilization review dated 11/20/2013 denied request stating treater lacks to "document why the patient would be unable to apply the tools learned within the 6 weeks of [REDACTED] after discharge." The MTUS guidelines pages 30-33 has the following: Chronic pain programs (functional restoration programs) "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or co morbidities). (Sanders, 2005) 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." In this case, the treater is asking for remote care in the [REDACTED] as this patient requires additional support due to her history of severe depression with past suicidal attempts. The treater in his report dated 10/25/2013 clearly outlines the individual plan and goals for this patient. The treater goes on to state his concerns of possible "recidivism" and the need for psychological support given the patient past suicidal attempts. However, the question that is not answered is what can be accomplished with an "extended" program, what has not already accomplished. Per the treater, there is no end point. It is understandable that this patient is not doing well. However, the treater does not explain why this extended monitoring and treatments cannot be provided by the patient's regular treater, through regular office visitations and via outpatient psychology interventions. After all, this what all doctors do, to help patients deal with their disabilities, address their psychosocial concerns, suicidal issues, depression, chronic pain, etc. The [REDACTED] has had 6 weeks or more with this patient. At some point, the patient must be returned to the normal treatment channels. Recommendation is for denial.