

Case Number:	CM13-0060517		
Date Assigned:	12/30/2013	Date of Injury:	09/15/2008
Decision Date:	04/29/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/03/2013

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 Anesthesiology, 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 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 54-year-old female who sustained an unspecified injury on 09/15/2008. The patient underwent a psychiatric evaluation on 12/02/2013. The documentation submitted for review indicated the patient had previously participated in a HELP program. The outcome of the program was not submitted for review. The documentation submitted for review further indicated the patient was still out of work at the time of the evaluation. The patient's diagnoses were noted as dysthymic disorder, histrionic and dependent personality traits, chronic pain syndrome, moderate stress, and moderate mood and anxiety symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

REMOTE ACCESS FOR INTERDISCIPLINARY PAIN REHABILITATION PROGRAM REASSESSMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Chronic Pain programs Page(s): 30-32.

Decision rationale: The documentation submitted for review indicated the patient had previously participated in an interdisciplinary rehabilitation program. The documentation

submitted for review indicated the patient's diagnoses were primarily psychiatric. Therefore, an interdisciplinary program is not warranted. The MTUS Chronic Pain Guidelines state an adequate and thorough evaluation must have been made in order to support a functional restoration program. However, as the patient had previously participated in a functional restoration program and there was no documentation indicating the patient had a significant change in condition, a secondary thorough evaluation is not warranted. Given the information submitted for review, the request for remote access for interdisciplinary pain rehabilitation program reassessment is not medically necessary and appropriate.