

Case Number:	CM13-0061870		
Date Assigned:	04/28/2014	Date of Injury:	08/30/2012
Decision Date:	06/02/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/05/2013

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 Medicine & Rehabilitation 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, patient reported an 8/30/12 date of injury. At the time (11/7/13) of the request for authorization for [REDACTED] [REDACTED] aftercare sessions, quantity 8, there is documentation of subjective (chronic pain and comorbid psychological distresses) and objective (shoulder flexion and abduction strength of 4+/5 bilaterally, medius strength of 4+/5 bilaterally, and plantar flexor strength of 4+/5 bilaterally) findings, current diagnoses (cervical strain, cervicogenic headache, reactive anxiety/depression, and myofascial pain in the neck, upper back, and mid back), and treatment to date (medication and a functional restoration program). There is no documentation that the patient requires time-limited, less intensive post-treatment with the program itself and defined goals for these interventions and planned duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED]
AFTERCARE SESSIONS, QUANTITY 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

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

Decision rationale: MTUS does not address the issue. ODG identifies that suggestion for treatment post-program should be well documented and provided to the referral physician, that the patient may require time-limited, less intensive post-treatment with the program itself, and that defined goals for these interventions and planned duration should be specified. Within the medical information available for review, there is documentation of diagnoses of cervical strain, cervicogenic headache, reactive anxiety/depression, and myofascial pain in the neck, upper back, and mid back. However, there is no documentation that the patient requires time-limited, less intensive post-treatment with the program itself and defined goals for these interventions and planned duration. Therefore, the request for [REDACTED] [REDACTED] aftercare, 8 sessions is not medically necessary and appropriate.