

<b>Case Number:</b>	CM13-0069726		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/23/2006
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 49-year-old who reported an injury on December 23, 2006. The mechanism of injury was not provided for review. The patient reportedly injured her low back and neck. The patient's treatment history included multiple medications, physical therapy, epidural steroid injections, and an interdisciplinary program. The patient was evaluated after 4 weeks of participation in a Functional Restoration Program. It was noted the patient had continued chronic pain complaints. However, it was noted the patient did have functional improvement in activity tolerances and walking tolerances. A request was made for additional interdisciplinary treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HELP INTERDISCIPLINARY REMOTE CARE SERVICES X 4 MONTHS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Section Page(s): 30.

**Decision rationale:** The clinical documentation submitted for review did provide evidence the patient has already participated in 4 months of this type of program. The clinical documentation

fails to provide any evidence of significant functional improvement as result of participation in this type of program. Additionally, California Medical Treatment Utilization Schedule recommends duration of treatment not to exceed 160 hours for a Functional Restoration Program. As the clinical documentation indicates the patient has already participated in 4 months of this type of program, the request clearly exceeds guideline recommendations. The clinical documentation submitted for review does not contain any exceptional factors to support extending treatment beyond guideline recommendations. The request for HELP interdisciplinary remote care services for four months is not medically necessary or appropriate.

**INTERDISCIPLINARY RE-ASSESSMENT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Section Page(s): 30.

**Decision rationale:** California Medical Treatment Utilization Schedule recommends up to 160 hours of a Functional Restoration Program as an appropriate duration of treatment. The clinical documentation does indicate the patient has exceeded this recommendation. The patient's most recent summary report from the interdisciplinary program did provide sufficient information to assess the need for further treatment of this patient. The request for an interdisciplinary reassessment is not medically necessary or appropriate.