

Case Number:	CM14-0108947		
Date Assigned:	08/01/2014	Date of Injury:	08/27/2010
Decision Date:	09/30/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/14/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 injured worker is a 40-year-old female who reported an injury on 08/27/2010, and reportedly sustained injuries to her lower back when she slipped and fell as a broccoli packer. The injured worker's treatment history included MRI studies, physical therapy, surgery, medications, and the [REDACTED] program. The injured worker was being treated in the [REDACTED] interdisciplinary functional restoration program. The program was initiated on 04/28/2014. She was authorized for 160 hours of FRP treatment out of a recommended 160 contact hours, of which 163 hours have been completed. The injured worker's affect was much improved after returning to the program, as well as the injured worker's effort and result. The injured worker has had significant improvement in functional mobility of the course of the last 3 weeks. At this time, functional restoration program was suggested utilizing the [REDACTED] remote care services upon transition out of the [REDACTED] program as well, as this will be a crucial juncture for the injured worker to demonstrate continuation of the program without the support of staff or peers. It was documented the injured worker has reached permanent and stationary status with optimal multidisciplinary management. The injured worker may return to alternative work with appropriate modifications. The diagnoses included right knee pain status post arthroscopy, myofascial syndrome, and severe depression. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

█████ Remote Care and Interdisciplinary Re- Assessment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for general use of multidisciplinary pain management programs Page(s): 31-32.

Decision rationale: The request for █████ Remote Care and Interdisciplinary Re- Assessment is not medically necessary. The Chronic Pain Medical Treatment Guidelines (MTUS) identify criteria for general use of multidisciplinary pain management programs. Total treatment duration of █████ remote care should generally not exceed 20 full day sessions (or the equivalent in part day sessions if required by part time work, transportation, child care, or comorbidities). 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, improvement outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. Upon completion of the program, it was expected that the injured worker would be independent in a home program and managed current condition. The documents indicated the injured worker had significant improvement in functional mobility of the course and may return to work. Additionally, the request failed to indicate duration. As such, the request for █████ Remote Care and Interdisciplinary Re- Assessment is not medically necessary.