

Case Number:	CM14-0010831		
Date Assigned:	02/21/2014	Date of Injury:	02/27/2012
Decision Date:	08/15/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; topical agents; and opioid therapy. In a Utilization Review report dated January 23, 2014, the claims administrator did not grant a HELP remote care-one weekly call for a span of four months and also did not grant a four-hour reassessment while approving a physioball, a Theracane massager, foam roll, and percussion manager. The claims administrator's report was 13 pages long. It appeared that the reevaluation was not granted because the attending provider was using the reassessment to seek treatment in excess of the 20-session total treatment duration recommended on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In an October 31, 2013 progress note, the applicant was described as having persistent complaints of low back pain, myofascial pain syndrome, and depression. Work restrictions were endorsed. It was not clearly stated whether or not the applicant presented was working or not. Unspecified medications were renewed. On September 11, 2013, the attending provider renewed Norco, Ambien, and Tizanidine. A HELP evaluation was sought. On January 10, 2014, the applicant was described as having returned to work with the [REDACTED] in an office-type position. The applicant was working full-time light duty, it was stated. The applicant was status post a shoulder arthroscopy and a knee ACL reconstruction. The applicant did have issues with depression, it was further acknowledged. Equipment in the form of a percussion manager, foam roll, Theracane, and physioball were all sought. It was stated that the applicant had completed five weeks in the program and had made good gains toward medical and functional goals. The attending provider stated that HELP education, remote care services,

and durable medical equipment were needed. The attending provider stated that he was seeking both an in-office interdisciplinary reassessment and monthly HELP interdisciplinary services in addition to the aforementioned exercise equipment articles.

IMR ISSUES, DECISIONS AND RATIONALES

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

REASSESSMENT 1 VISIT, 4 HRS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs topic Page(s): 32.

Decision rationale: noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, total treatment duration should generally not exceed 20 full-day sessions. In this case, the applicant has already had treatment in the chronic pain program/functional restoration in excess of 20 full-day sessions. The applicant has received at least five weeks of treatment. It is further noted that page 32 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that one of the cardinal criteria for pursuit of a functional restoration program include evidence that previous methods of treating chronic pain have been unsuccessful or there is an absence of other options likely to result in significant clinical improvement. In this case, it is not clearly stated why additional treatments need to be delivered via the chronic pain program and functional restoration program. The applicant has already achieved and/or maintained successful return to work status. It is not clear why the applicant needs further reassessment and/or further treatment via the chronic pain program route as opposed to conventional outpatient office visits, counseling, etc. Therefore, the request for a reassessment four-hour visit is not medically necessary.