

<b>Case Number:</b>	CM14-0012452		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/26/2010
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Psychology 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 41 year-old male with a date of injury of 8/26/10. The patient sustained injury to his neck and back when he reached out to catch a falling box while working as a security officer for [REDACTED]. It is noted by the physician in the 12/23/13 interdisciplinary re-evaluation report that the patient is diagnosed with the following: (1) Chronic mid and low back pain and muscle spasm; (2) Left heel and sole numbness and tingling, by history; (3) Left S1 distribution sensory hypoesthesia between the knee and his ankle; (4) Right greater than left quadratus and psoas myofascial pain syndrome; (5) Degenerative disc disease that is mild in nature at L5-S1; and (6) Status post left knee arthroscopic anterior cruciate ligament reconstruction. In her "Behavioral Medicine Consultation and Testing" report dated 12/23/13, The physician diagnosed the patient with: (1) Pain disorder associated with both psychological factors and a general medical condition; (2) Major depressive disorder, recurrent, mild, without psychotic features; and (3) Sleep disorder due to chronic pain, insomnia type. The patient has been treated via medications, physical therapy, traction, massage, an exercise program, injections, the use of a TENS unit, and a functional restoration program with follow-up remote care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 MONTHS HELP REMOTE CARE REASSESSMENT/INTERDISCIPLINARY PROGRAM VISIT 4 HOURS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , Functional Restoration Programs, Page(s): 30-32.

**Decision rationale:** The CA MTUS guideline regarding the use of chronic pain programs will be used as reference for this case. Based on the review of the limited records offered for review, the patient participated in a functional restoration program from 12/18/12 through 1/18/ 2013 and from 3/26/13 through 3/29/13. It is reported that the patient did "extremely well" in the program. He also participated in the HELP FRP remote care as follow-up. However, by the end of 2013, the patient was experiencing an increase in all of his physical as well as psychiatric symptoms. In the 12/23/13 HELP interdisciplinary re-evaluation report, another 6 months of remote care was recommended. Although the patient benefitted in the past from the HELP direct and remote care, the request for an additional 6 months appears excessive given the level of care already received. The CA MTUS guideline states, "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or co morbidities). (Sanders, 2005) 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 and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." As a result of the aforementioned rationale and guidelines cited, the request for "6 months help remote care reassessment/interdisciplinary program visit 4 hours" is not medically necessary.