

Case Number:	CM14-0012844		
Date Assigned:	02/24/2014	Date of Injury:	08/06/1999
Decision Date:	07/03/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/31/2014

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 67-year-old female with reported date of injury on 08/06/1999. The injury reportedly occurred when she developed pain after she lifted and moved a large barbecue grill from a pallet to a shelf. Her diagnoses were noted to include chronic pain, status post right rotator cuff surgery in 1999, status post cervical fusion in 2000, status post right carpal tunnel surgery in 2004, axial neck pain, cervical myofascial pain, opiate dependency, mild depression, deconditioning, cervical degenerative disc disease, and cervical radiculopathy. Her previous treatments were noted to include surgery, physical therapy, interdisciplinary pain program, and pain medications. The injured worker has received interdisciplinary treatment such as a comprehensive evaluation by interdisciplinary team, interdisciplinary pain program, and HELP outpatient drug detoxification service. The report from the HELP program dated 01/18/2014 reported the injured worker stopped her treatment because she had already engaged in other activities outside the program that would make her unable to participate. The report noted the injured worker had limited received benefit per her report, though she demonstrated improved functional tolerances and posture control at the neck and shoulder. The progress note reported the injured worker stated she plans to continue tapering off of her Suboxone as an outpatient had planned to continue her home exercise program. The request of authorization form dated 01/16/2014 was for remote care, reassessment and equipment which consists of 4 months of remote care reduced intensity interdisciplinary pain treatment, one time reassessment to demonstrate improvement in function or maintenance of function that would allow otherwise deterioration due to myofascial pain, opioid dependency and cervical degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

REMOTE CARE X 4 MONTHS WITH A RE-ASSESSMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of Multidisciplinary Pain Management Programs.

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: The remote care services plan is for weekly goal setting and goal monitoring and will follow the injured worker to maintain the gains she has made so far, continue making functional progress, and stay on course with her activities of daily living track. The Official Disability Guidelines state suggestions for treatment post program should be well documented and provided to the referral physician. The injured worker may require time-limited, less intensive post-treatment with the program itself. The defined goals for these interventions and duration should be specified. The guidelines also state post-treatment medication management is particularly important. The injured worker has been identified as having substance abuse issues generally require some sort of continued follow up to avoid relapse. The HELP program intends to schedule goals each week to establish functional goals and perform routine goal obtained and monitoring, along with continued education with functional restoration, prevention and rehabilitation. However, the HELP report stated the injured worker stopped her treatment because she was already engaged in other activities outside the program that would make her unavailable to participate. There is a lack of documentation regarding current functional goals and routine goal obtained and monitoring. There is a lack of documentation regarding compliance after discharge from the HELP program. Additionally, the submitted request does not specify the number of visits being requested and the frequency at which the visits are to occur. Therefore, the request is not medically necessary.