MAXIMUS Federal Services

Case Number:	CM14-0016057		
Date Assigned:	06/04/2014	Date of Injury:	05/13/2011
Decision Date:	07/11/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/07/2014

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 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 28-year-old female with a reported injury date on 05/13/2011. The mechanism of injury was related to a headboard falling on her left side. Her diagnoses include chronic left shoulder pain, chronic paraspinous myofascial pain bilaterally, lumbar degenerative disc disease, left trapezoid and levator scapulae myofascial pain syndrome, and moderate depression. The treatment progress report dated 01/06/2014 noted that the injured worker was receiving 4 months of remote care with weekly goal setting and followups. It was noted that within the past month, the help team has limited communication with the injured worker. However, when they spoke with her she was doing well. It was noted that the injured worker still had complaints of swelling of with her arms, but was continuing to stay active by walking for 40 to 60 minutes on a daily basis. It was also noted that the injured worker has been enrolled in an interdisciplinary help remote service program since 10/07/2013, which includes psychological and behavioral care, physiosocial care, occasional rehabilitation and training, physical training. The request for authorization form was not submitted within available documentation provided.

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: 1 WEEKLY CALL (26) REMOTE SESSIONS AND RE ASSESSMENT: 1 VISIT 4 HOURS (FOR LUMBAR SPINE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8.

Decision rationale: The request for 6 months help remote care, 1 weekly call, 26 remote sessions and reassessment 1 visit 4 hours for the lumbar spine is not medically necessary. The California MTUS Guidelines state that independent self-management is the long term goal of all forms of functional restoration and that the goal of chronic pain treatment should be to promote independence in patients with their own management. There is a lack of evidence provided indicating why additional weekly monitoring visits would be of greater benefit versus a more independent home exercise program; the injured worker should be properly educated in an appropriate exercise regimen at this point in care. Additionally, there is a lack of rationale provided as to why this injured worker would benefit from remote care as compared to the traditional periodic outpatient doctor visits. As such, this request is not medically necessary.