

Case Number:	CM14-0016994		
Date Assigned:	03/07/2014	Date of Injury:	05/15/2013
Decision Date:	05/28/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 male who sustained an injury on 05/15/2013 while working as a roofer and fell off the roof. The documentation submitted for review indicated the injured worker completed a 6 week part-time help program. The documentation submitted for review indicated the injured worker was able to progress with the use of the program. The injured worker was documented to be able to stand, walk, and sit for 60 minutes. The evaluation noted the injured worker was being recommended for a remote access program.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 MONTHS OF REMOTE CARE REDUCED INTENSITY INTERDISCIPLINARY PAIN TREATMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS Page(s): 49.

Decision rationale: The request for 4 months of remote care reduced intensity interdisciplinary pain treatment is not medically necessary. The documentation submitted for review indicated the injured worker had previously completed a 6 week course of chronic pain program. Therefore,

the need for additional interdisciplinary pain treatment is unclear. California MTUS Guidelines do not recommend treatment for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The documentation submitted for review did not indicate the injured worker had significant subjective and objective gains to warrant additional participation in a program. The guidelines additionally recommend remote programs for individuals when there exists a normal inability to leave home and, consequently, leaving home would require considerable and taxing effort. The documentation submitted for review did not indicate the injured worker was unable to leave his home. Furthermore, the documentation submitted for review indicated the injured worker was routinely leaving his home for follow-ups and evaluations. Therefore, the use of a remote access program is not supported. Given the information submitted for review, the request for 4 months of remote care reduced intensity interdisciplinary pain treatment is not medically necessary.

1 INTERDISCIPLINARY REASSESSMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

Decision rationale: The request for 1 interdisciplinary reassessment is not medically necessary. The documentation submitted for review indicated the patient had undergone multiple interdisciplinary assessments. The documentation the request as an adjunct to the remote access interdisciplinary pain management. As the request for 4 months of interdisciplinary pain management was not medically necessary, the adjunct of 1 interdisciplinary reassessment is not medically necessary.