

Case Number:	CM14-0017086		
Date Assigned:	04/14/2014	Date of Injury:	10/09/2011
Decision Date:	05/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/11/2014

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 and is licensed to practice in Illinois. 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 44-year-old female who reported an injury on 10/09/2011, secondary to heavy lifting. The current diagnoses include bilateral low back and leg pain, reactive paraspinal myofascial pain, lumbar degenerative disc disease, lumbar disc disruption and mild to moderate depression. An integrative summary report was submitted on 01/17/2014. The injured worker completed a final week in a health functional restoration program between 01/13/2014 and 01/17/2014. It is noted that the injured worker has been able to increase activity tolerance and has been able to meet standing and lifting/carrying goals. The injured worker performs independent exercises. The treatment recommendations at that time included a transition into a HELP remote care service program.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 MONTHS HELP REMOTE CARE - 1 WEEKLY CALL AND REASSESSMENT: 1 VISIT, 4 HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-33.

Decision rationale: The California MTUS Guidelines state that functional restoration programs are recommended. An adequate and thorough evaluation should be made. The total treatment duration should not generally exceed 20 full day sessions. As per the documentation submitted, the injured worker has participated in a functional restoration program. The injured worker has been able to meet lifting and standing goals. The injured worker also reported an increase in activity tolerance. The injured worker also demonstrated independence with a home exercise regimen. The medical necessity for ongoing treatment has not been established. There is no indication that this injured worker is incapable of independent strategies with regard to pain management following completion of the functional restoration program. The medical necessity for an additional 4 months in a functional restoration program has not been established. Therefore, the request is not medically necessary.