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| Case Number: | CM14-0124546 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 08/18/1999 |
| Decision Date: | 09/16/2014 | UR Denial Date: | 07/17/2014 |
| Priority: | Standard | Application Received: | 08/06/2014 |

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 Interventional Spine 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 59-year-old female with a date of injury of 08/18/1999. The listed diagnoses per [REDACTED] are chronic pain syndrome, cervical injuries status post disk displacement, myofascial syndrome, and depression. According to progress report 07/11/2014, the patient is nearing the end of her treatment in the Functional Restoration Program, and the provider believes after completion, she will benefit from an aftercare program (HELP remote care). The primary treating physician states the regular clinical contact of a remote care services for weekly goal setting and goal attainment monitoring will allow patient to continue making functional progress. The physician states the patient has done "extraordinarily well during her time in the HELP program, having increased her stamina." The provider is requesting 4 months of HELP remote care, 4 hour interdisciplinary reassessment at the end of treatment plan, and DME including stretching strap, one pair of adjustable cuff weights, Norco safety ball, Thera Cane, one pair of dumbbell 3 pounds, and one pair of dumbbells 5 pounds. Utilization review denied the request for the Help remote care and 4 hour interdisciplinary reassessment on 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 months of HELP remote care: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: This patient is nearing the end of her treatment in the Functional Restoration Program, and provider believes after completion, she will benefit from an aftercare program (HELP remote care) and exercise equipment's for home use. The provider is requesting 4 months of participation in HELP remote care for continued support and guidance. The MTUS guidelines pages 30-33 has the following under chronic pain programs (functional restoration programs): "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. 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." In this case, the patient has already completed 6 weeks program and the provider would like the program to continue. MTUS supports 20 days of FRP and for additional treatments, a specific individualized program and a clear rationale. A clear rationale is lacking other than the physician's desire to continue the treatments. Continued monitoring of the patient's condition should be carried out by the patient's primary physician via regular visitations. In addition, it is unclear why the patient would not be able to apply what he has learned. Therefore, this request is not medically necessary.

4 hour reassessment visit x1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: This patient is nearing the end of her treatment in the Functional Restoration Program, and provider believes after completion, she will benefit from an aftercare program (HELP remote care) and exercise equipment's for home use. The provider is requesting a four-hour reassessment. The MTUS guidelines pages 30-33 has the following under chronic pain programs (functional restoration programs): "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. 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." In this case, a clear rationale is lacking other than the physician's desire to a 4 hour "reassessment." Continued monitoring and

reassessment of the patient's condition should be carried out by the patient's primary physician via regular visitations. Therefore, this request is not medically necessary.