

<b>Case Number:</b>	CM14-0156849		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	01/23/2004
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 47 year-old male who was injured on 1/23/04 when he set down a box and twisted his lower back. On exam, he had tender lumbar paraspinal muscles with a normal neurologic exam. He was diagnosed with low back pain, severe depression, radiculitis, and fasciitis. His medications included narcotics, muscle relaxants, Gabapentin, Trazodone, and Clonidine. He was switched from oxycodone to Suboxone. He had a L5-S1 laminectomy and discectomy in 2004. He began an outpatient interdisciplinary functional restoration program on 6/16/14 where he was authorized for 160 hours of treatment. He had improvement in functional capacity, mood, and strong desire to return to work. He was felt to be at risk of regressing back to severe depression without interdisciplinary reassessment at the end of the aftercare program to help him set weekly goals and monitoring according to the chart. The current request is for a once weekly call for 4 months through remote care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Once Weekly Call for 4 Months, Remote Care:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Pain Chapter, Chronic Pain Management/Functional Restoration Programs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, chronic pain program

**Decision rationale:** The request for once weekly calls for four months after attending a functional restoration program is not medically necessary. The injured worker has successfully completed a FRP after six weeks with improvement in function and from a psychological standpoint. He was able to reduce his medications and switch from Oxycodone to Suboxone. He was able to learn to manage long-term goals. The injured worker should be able to independently continue a self-directed program and to follow regularly with his primary care physician. Re-entry into the same or similar program is not recommended as per ODG guidelines. The request for Once Weekly Call for Four Months is not needed and is considered medically unnecessary.