

<b>Case Number:</b>	CM14-0169148		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	01/11/2000
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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:

57 years old female injured worker with date of injury 1/11/00. Per progress note dated 9/2/14, the injured worker was at that time "being treated in the HELP outpatient Interdisciplinary Functional Restoration Program in our [REDACTED] treatment center. Her treatment began on 06/23/14, she has completed 25 out of 28 days authorized. This week she has attended Tuesday-Thursday from 9am to 3pm. Physically [REDACTED] has participated actively in the fitness and functional activities. This week she met her sitting and pushing/pulling tolerance goals while keeping her other tolerance goals met. She responded well to advancement in agility/balance level 3 and increasing appropriate exercise duration, sets, reps and resistance in her current exercise program while keeping consistency and independence. At this time we recommend for the patient to transit to the After Care Program [REDACTED] where she will focus on goals to support her ability to perform ADL/RTW tasks as well as apply learned tools and skills to the home and work environment."The date of UR decision was 9/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HELP remote care for four months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32.

**Decision rationale:** With regard to chronic pain programs, MTUS CPMTG states "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." The criteria for the general use of multidisciplinary pain management programs are as follows: "(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed" (there are many of these outlined by the MTUS). The injured worker has completed 25 days of the authorized 28 day treatment in the HELP outpatient Interdisciplinary Functional Restoration Program. As the program has not been completed it, it is too early to assess need as rationale was speculative about future needs that had not yet manifested. Therefore, the request of HELP remote care for four months is not medically necessary and appropriate.

**Reassessment, for four hours:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.