

<b>Case Number:</b>	CM14-0021167		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	10/03/2009
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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, has a subspecialty in Pain Medicine 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 47 year old female who reported an injury on 10/03/2009 secondary to a cumulative trauma injury. The diagnoses included low back pain, lumbar degenerative disc disease and reactive paraspinous myofascial pain to the lumbar region. The injured worker was evaluated on 07/07/2013 for and interdisciplinary re-evaluation. The exam noted the injured worker has received remote care via weekly phone calls to asses and educate the injured worker on medication therapy and functionality. The exam also reports the injured worker's independent exercise level is walking 20 minutes daily and had consistent medication compliance. The injured worker was evaluated again on 01/03/2014 for and interdisciplinary re-evaluation. The exam noted thoracic and lumbar spine tenderness, lumbar flexion at 30 degrees and hip rotation at 50 degrees. The exam also noted the injured worker has received remote care via weekly phone calls to asses and educate the injured worker on medication therapy and functionality. The exam also reports the injured worker's independent exercise level is walking 20 minutes daily. The treatment plan included continued remote care calls for 3 month. The request for authorization is in the documentation provided, however, it is missing the date of request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 MONTHS REMOTE CARE 1 WEEKLY CALL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS (FRPs).

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

**Decision rationale:** Functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The injured worker has been receiving weekly calls since at least 07/07/2013. There is a lack of documented objective evidence of functional gains in the documentation provided. The request for continued remote care exceeds evidence based guideline recommendations for total duration of care. Therefore, the request is non-medically necessary and appropriate.