

Case Number:	CM14-0022724		
Date Assigned:	06/11/2014	Date of Injury:	07/13/2006
Decision Date:	07/15/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/24/2014

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 licensed in Chiropractic Services 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:

This 31 year-old patient sustained an injury from a motor vehicle accident on 7/13/06 while employed by [REDACTED]. Request under consideration include EXTERNAL HELP REMOTE CARE REASSESSMENT. Diagnoses is Left Foot Complex Regional Pain Syndrome. The patient continues with multiple chronic pain complaints for this almost 8 year old injury. Report of 4/3/14 noted patient with chronic lower back and left ankle pain rated at 9/10 with medication and 10/10 without. She expressed difficulty with walking and running and low back stiffness. Current medications list Gabapentin, Nortriptyline, Cetirizine, Cyclobenzaprine, Diazepam, and Norco. Exam showed mildly obese; multiple piercings. Lumbar spine flexion of 60% flexion and 50% extension; positive facet distraction/loading with radicular symptoms; positive SI joint testing; left ankle with limited plantar flexion and dorsiflexion and range in all planes; tenderness at Achilles tendon; able to bear weight on right ankle with pain; diffuse ankle strength weakness; and dysesthesia, hypesthesia of bilateral L5 and S1 roots. Diagnoses include CRPS lower left limb; post-traumatic stress; myofascial pain; mild obesity; tension headaches/ occipital neuralgia; facet lumbar arthropathy; lumbar radiculopathy; neuralgia; and closed ankle fracture. The patient believes her overall condition has remained the same. Treatment included medications refilled; structured home exercise and multi-modality/disciplinary approach utilizing cutting-edge technology. The request for EXTERNAL HELP REMOTE CARE REASSESSMENT was non-certified on 2/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTERNAL HELP REMOTE CARE REASSESSMENT: 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): 30-34, 49.

Decision rationale: Guidelines criteria to continue an outpatient transitional remote functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services; however, has not been demonstrated here. Medical reports submitted have not specifically demonstrated any overall gains or apparent success from remote treatment already rendered for this 2006 injury with chronic persistent pain. Guidelines criteria does support to continue a functional restoration approach; however, requires clear rationale and functional improvement from treatment rendered along with reasonable focused goals to be achieved with specific individual care plans. Submitted reports have not documented clear rationale to support further necessity for remote care assessment for an ambulatory patient with no clear neurological deficits and continues to be independent with home exercise and self-care. There is no documented increase in psychological condition, physical activities and independence, or functional improvement with the treatments already completed as noted by the patient stating overall unchanged conditions continuing on multiple medications with unchanged doses without attempts for tapering. Submitted reports have not demonstrated clear indication or support further additional remote care assessment beyond guidelines recommendations and criteria. The External Help Remote Care Reassessment is not medically necessary and appropriate.