

Case Number:	CM14-0030881		
Date Assigned:	06/20/2014	Date of Injury:	11/24/2005
Decision Date:	07/18/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/11/2014

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 Orthopedic Surgery, 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 injured worker is a 39-year-old female who was reportedly injured on November 24, 2005. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated May 14, 2014, indicated there were ongoing complaints of ongoing back pain. The physical examination demonstrated hypo-mobility, at L2, L3 and L5 with tenderness at these levels. There were diagnoses of non-allopathic lesions of the lumbar spine, lumbago and right greater than left sacroiliitis. New orthotics in a smaller shoe size were requested due to the injured employee's weight loss. Aquatic therapy and epidural steroid injections were also requested. Previous treatment included an L5-S1 epidural steroid injection which was provided quickly for 90 days. A request had been made for remote care and was not certified in the pre-authorization process on February 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

REMOTE CARE, 1 WEEKLY CALL (X MONTHS) QTY:4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Functional restoration program, updated June 10, 2014.

Decision rationale: It was stated that the intention of referral to a [REDACTED] remote care program was so that the injured employee could learn exercises within her limitations and that she could lose weight. According to the medical records provided, the injured employee has already completed multiple sessions of a functional restoration program. Additionally, the medical record dated May 14, 2014, already stated that the injured employee has lost a significant amount of weight and is down to 230 pounds. After completion of such a program and doing well with weight loss, it is unclear why there is an additional request for a [REDACTED] remote care program. This request for a [REDACTED] remote care program is not medically necessary.

RE-ASSESSMENT VISIT, QTY: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

Decision rationale: The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment. Considering the prior recent certified requests for variety of exercise equipment and the injured employee's recent progress with exercise and weight loss, a follow-up reassessment visit is medically reasonable and necessary to gauge the injured employee's progress. This request for one reassessment follow-up visit is medically reasonable.