MAXIMUS Federal Services

Case Number:	CM14-0032232		
Date Assigned:	04/09/2014	Date of Injury:	05/13/2011
Decision Date:	07/02/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 43-year-old female who reported an injury on 5/13/11. The mechanism of injury was a fall. The diagnoses included mechanical low and mid back pain, lumbar spine facet arthropathy, disc protrusion at T7-8, and severe depression with suicidal ideation. Per the 1/10/14 summary report, the injured worker completed her final week in the HELP program. The injured worker was able to meet her sitting goal of 60 minutes and her lifting goal of 30 pounds. The injured worker was advised to continue her home exercise program. The injured worker reported being able to walk twice daily, prepare dinner, babysit her grandchildren, wash dishes, and go grocery shopping. It was noted the injured worker completed six weeks of HELP interdisciplinary part day treatment. The provider recommended the injured worker participate in HELP interdisciplinary remote care services for 4 months followed by an in office reassessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP REMOTE CARE REASSESSMENT FOR 4 MONTHS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTION RESTORATION PROGRAMS Page(s): 30-2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend chronic pain programs where there is access to programs with proven successful outcomes, for injured workers with conditions that put them at risk of delayed recovery. Criteria for the use of multidisciplinary pain management programs include a significant loss of ability to function independently, failure of previous methods of treating chronic pain, and that the injured worker is not a candidate where surgery or other treatments would clearly be warranted. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The total treatment duration should generally not exceed 20 full day sessions. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The medical records provided indicate that the injured worker made functional progress in prior therapy. In addition, a clear rationale and specific, reasonable goals for further therapy were provided. Based on this information, the request for additional therapy and reassessment is supported, and the request is medically necessary.