

<b>Case Number:</b>	CM14-0042453		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	10/05/1999
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Orthopaedic 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:

This 47-year-old female sustained an industrial injury 10/5/99, due to repetitive stress on her low back. The patient had chronic low back pain for which she had attended the [REDACTED] Functional Restoration Program. Records documented that she was participating in an out-patient detoxification program for opioid and benzodiazepine dependency. The 2/28/14 progress report indicated that the patient was having some difficulty with progressive decrease of opioids in the pain cocktail. Suboxone induction was being considered. The current treatment included psychological supportive interventions and therapeutic interventions for strengthening. The 4/7/14 outpatient detoxification report indicated that the patient had completed participation in the functional restoration and out-patient detox programs with instruction in a comprehensive exercise program. She had successfully transitioned to Suboxone, with future transition to Butrans patches planned. Medication management will continue with close monitoring on a monthly basis. The patient was recommended for the aftercare program ([REDACTED] Remote Care) for weekly goal setting and goal attainment monitoring to allow her to continue making functional progress. While participating in Remote Care, she will focus on productivity and measurable functional progress. The patient was returned to the care of her primary treating physician with month follow-up with the detox physician for management and reduction of opioids. The 4/16/14 request for Remote Care with interdisciplinary reassessment indicated that this was a monthly service for reduced intensity interdisciplinary pain treatment and reassessment including physician examination, psychological assessment, and physical therapy evaluation followed by an interdisciplinary conference.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Months Remote Care, Reassessment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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), Chronic pain programs (functional restoration programs).

**Decision rationale:** The California MTUS guidelines recommend functional restoration programs for patients with chronic disabling occupational musculoskeletal disorders. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The ODG state that total treatment duration should generally not exceed 20 full-day sessions or 160 hours. The treatment duration in excess of 160 hours requires a clear rationale. The guidelines indicate that at the conclusion of these programs, neither re-enrollment in or repetition of the same or similar rehabilitation program is medically warranted. Suggestions for treatment post-program should be well-documented and provided to the referral physician. There is no clear documentation of the specific services, including frequency/duration, that are medically necessary for this specific patient. The guidelines do not support program repetition. The patient appears stable on medications with monthly oversight by the detox physician, and regular management by the primary treating physician. There is no clear rationale to support the medical necessity of additional physical therapy as the patient has a comprehensive exercise program. The duration of the request for this program exceeds guideline recommendations. Therefore, this request for 4 months of Remote Care, Reassessment is not medically necessary.