

Case Number:	CM14-0065928		
Date Assigned:	07/11/2014	Date of Injury:	11/13/2012
Decision Date:	09/03/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/09/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 56-year-old male was reportedly injured on November 13, 2012. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note, dated April 1, 2014, is an appeal for an additional care. This letter states that participation or mold care will help the injured employee maintain the functional tolerances achieved. Another note dated March 7, 2014, indicates that the injured employee has achieved the goals of the functional restoration program and continued participation with home exercise as well as remote care was recommended. No physical examinations were performed on these dates diagnostic imaging studies were not discussed. Previous treatment includes participation in six weeks of an HELP functional restoration program and a home exercise program. A request had been made for a weekly call and one visit for neck pain, low back pain, and depression and was not certified in the pre-authorization process on April 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Weekly call X 4 months for neck, low back, and depression: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

Decision rationale: According to the attached medical record the injured employee has met the goals of the functional restoration program with increased tolerance, increased independence in exercising functional activity, increased levels of participation, and decreased fear. Considering this it is unclear how additional services can help the injured employee achieve goals that he has already met. Therefore this request for one weekly call for four months for neck, low back, and depression is not medically necessary.

1 Visit, 4 hours for neck, low back, and depression: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

Decision rationale: According to the attached medical record the injured employee has met the goals of the functional restoration program with increased tolerance, increased independence in exercising functional activity, increased levels of participation, and decreased fear. Considering this it is unclear how additional services can help the injured employee achieve goals that he has already met. Therefore this request for one visit for four hours for neck, low back, and depression is not medically necessary.