MAXIMUS Federal Services

Case Number:	CM14-0073588		
Date Assigned:	07/16/2014	Date of Injury:	09/28/2010
Decision Date:	08/14/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/20/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 31-year-old female with a 9/28/10 date of injury. At the time (4/30/14) of request for authorization for 6 months [redacted] remote care; 1 weekly call and Reassessment 1 visit; 4 hours, there is documentation of subjective (chronic neck, low back, and knee pain with improvement in activity tolerance and functionality) and objective (restricted lumbar range of motion with some myofascial restriction about the same region; increased walking, sitting and lifting tolerance, and decrease in psychological symptoms) findings, current diagnoses (lumbar degenerative disk disease and myofascial pain), and treatment to date (completion of 6 weeks of treatment in a functional restoration program (1/22/13 to 3/1/13) with substantial functional gains and increased ability to perform activities of daily living; transitional [redacted] remote service care since 10/28/13 for 4 months with continued functional gains in activity tolerance; and numerous reassessment visits). In addition, medical report plan identifies continued participation in [redacted] remote care coaching calls each week to assess the patient's progress, maintain walking tolerance of 30 minutes daily and daily resistive home exercise program participation, assist with strategies for functional improvement, and to set additional goals; and an in-office interdisciplinary reassessment to establish interval measurement of progress to demonstrate improvement in function and maintenance of functions that would otherwise deteriorate. There is no documentation of clearly defined goals.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 months [redacted] remote care; 1 weekly call: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic pain programs (functional restoration programs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. ODG identifies documentation of defined goals for these interventions with a planned duration, as criteria necessary to support the medical necessity of treatment post-program. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disk disease and myofascial pain. In addition, there is documentation of completion of 6 weeks of part-day treatment in a functional restoration program (1/22/13 to 3/1/13) and evidence of demonstrated efficacy as documentation by subjective and objective gains. Furthermore, there is documentation of transitional [redacted] remote service care since 10/28/13 for 4 months with continued functional gains in activity tolerance. Moreover, given documentation of a plan identifying continued participation in [redacted] remote care coaching calls each week to assess the patient's progress, maintain walking tolerance of 30 minutes daily and daily resistive home exercise program participation, assist with strategies for functional improvement, and to set additional goals, there is documentation of a clear rationale for the specified extension and reasonable goals to be achieved. However, there is no documentation of clearly defined goals and a stated rationale for the necessity of an aftercare/remote care program as opposed to follow-up with regular office visits. In addition, the proposed duration of 6 additional months of remote care exceeds guidelines for a time-limited follow-up. Therefore, based on guidelines and a review of the evidence, the request for 6 months [redacted] remote care; 1 weekly call is not medically necessary.

Reassessment 1 visit; 4 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic pain programs (functional restoration programs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. In addition, MTUS Chronic Pain Medical

Treatment Guidelines identifies that treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. ODG identifies documentation of defined goals for these interventions with a planned duration, as criteria necessary to support the medical necessity of treatment post-program. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disk disease and myofascial pain. In addition, there is documentation of completion of 6 weeks of part-day treatment in a functional restoration program (1/22/13 to 3/1/13) and evidence of demonstrated efficacy as documentation by subjective and objective gains. Furthermore, there is documentation of transitional [redacted] remote service care since 10/28/13 for 4 months with continued functional gains in activity tolerance. Moreover, given documentation of a plan identifying in-office interdisciplinary reassessment to establish interval measurement of progress to demonstrate improvement in function and maintenance of functions that would otherwise deteriorate, there is documentation of a clear rationale for the specified extension. However, there is no documentation of clearly defined goals and a stated rationale for the necessity of an aftercare/remote care program as opposed to follow-up with regular office visits. In addition, given documentation of numerous previous reassessment visits, the requested reassessment exceeds guidelines for a time-limited follow-up. Therefore, based on guidelines and a review of the evidence, the request for Reassessment 1 visit; 4 hours is not medically necessary.