MAXIMUS Federal Services

Case Number:	CM14-0075587		
Date Assigned:	07/16/2014	Date of Injury:	07/28/1998
Decision Date:	08/22/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/23/2014

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 Phyiscal Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 52-year-old female who reported an injury on 07/26/1998 due to working as a waitress. She came in with injury sustained to her back. The injured worker had a history of lower back pain and numbness to the lower extremities with a diagnosis of lumbar spondylosis without myelopathy and myofascial pain syndrome. The injured worker had an MRI of the lumbar spine dated 06/10/2004 that revealed degenerative annular bulging, moderate, at the L4-5. The injured worker had a lumbar epidural steroid injection, no date given. The medications included Maxalt/MLT 10 mg, Norco 5/325 mg, Klonopin 0.5 mg, and Aleve. The past treatment included pain medication, physical therapy, braces/cast, traction, massage, exercise program, trigger point injections, nerve blocks, TENS unit, and the [redacted] drug care program times 6 weeks. Per the 03/14/2014 clinical note, the injured worker's physical examination revealed range of motion at the cervical spine was reduced by 10% to the extension and flexion, bilateral upper extremities reduced into internal rotation at 45 degrees on the right and 60 degrees at the left. Strength of the bilateral upper extremities was within normal limits. Range of motion of the trunk was reduced by 10%, extension and hyperflexion. The range of motion of the bilateral lower extremities was reduced into internal rotation at 20 degrees. Strength of the bilateral lower extremities was 4/5. Balance within normal limits. Gait had an increased pelvic sway and a rotation component of the lower extremity, deconditioned, generalized weakness. The injured worker reported her pain as 7/10 on a 10/10 pain scale using the VAS. The treatment plan was to increase her participation from 2-3 times a week to 4-5 times a week, with a focus on, of course, stabilization and coordination. The request for authorization dated 07/14/2014 was submitted with paperwork. The rationale for continued treatment with the [redacted] program was indicated that it would allow the injured worker to maintain the medical and functional goals she has attained while in the direct [redacted] program.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] remote care, one weekly call.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, FRP, Chronic Pain Program, Functional Restoration Program Page(s): 30-32.

Decision rationale: The request for [redacted] remote care 1 weekly call is non-certified. The California MTUS guidelines indicate that an adequate and thorough evaluation has been made, including baseline functional testing, so that followup with the same tests can note functional improvement. All previous methods of treating chronic pain have been successful, and there is an absence of other options likely to resolve in significant clinical improvement. The injured worker has a significant loss of ability to function independently, resulting in chronic pain. The patient is not a candidate for surgery or other treatments would clearly be warranted, controversial or optional surgery. The patient exhibits motivation to change and is willing to forego secondary gains including disability payments to affect the change. Per the documentation provided, the injured worker is a belly dancer, who works specifically active for 90 minutes daily 5 times a week. Per the clinical notes provided, it was not evident that the injured worker had failed all conservative care. The injured worker had participated in physical therapy and acupuncture; however, the documentation was not evident that the injured worker had a decreased function secondary to chronic pain. The injured worker was ambulating for 75 minutes 3 times a day. As such, the request for the [redacted] program is non-certified.

Reassessment; one visit for four hours.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, FRP, Chronic Pain Program, Functional Restoration Program Page(s): 30-32.

Decision rationale: The California MTUS guidelines indicate that an adequate and thorough evaluation has been made, including baseline functional testing, so that followup with the same tests can note functional improvement. All previous methods of treating chronic pain have been successful, and there is an absence of other options likely to resolve in significant clinical improvement. The injured worker has a significant loss of ability to function independently, resulting in chronic pain. The patient is not a candidate for surgery or other treatments would clearly be warranted, controversial or optional surgery. The patient exhibits motivation to change and is willing to forego secondary gains including disability payments to affect the change. Per the documentation provided, the injured worker is a belly dancer, who works specifically active for 90 minutes daily 5 times a week. Per the clinical notes provided, it was not evident that the

injured worker had failed all conservative care. The injured worker had participated in physical therapy and acupuncture; however, the documentation was not evident that the injured worker had a decreased function secondary to chronic pain. Due to the noncertification of the [redacted] remote care program, the request for reassessment is non-certified.