

Case Number:	CM14-0077026		
Date Assigned:	07/18/2014	Date of Injury:	11/29/2012
Decision Date:	09/12/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/27/2014

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 Emergency Medicine 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:

The injured worker is a 57 year-old male, who sustained an injury on November 29, 2012. The mechanism of injury occurred when he was kneeling and then stood up. Diagnostics included a February 18, 2014 urine drug screen reported as being negative for tested substances, included expected opiates. Treatments have included physical therapy, chiropractic, HEP, medications, Functional restoration program, and lumbar support. The current diagnoses are: mechanical low back pain, lumbar degenerative joint disease, mild depression. The stated purpose of the request for HELP remote Care for 4 months and interdisciplinary reassessment 1 (4hr), was to provide after care. The request for HELP remote Care for 4 months and interdisciplinary reassessment 1 (4hr), was denied on May 6, 2014, citing a lack of documentation of documented medical necessity for additional intensive multidisciplinary hours after showing significant objective improvement from a functional restoration program. Per the report dated April 25, 2014, the treating physician noted that the injured worker has completed 6 weeks of a functional restoration program and had benefits of reduced medications, improved pain coping skills, reduced requests for assistance, and improved communications skills and willingness to learn self-management. The injured worker complained of persistent low back pain with exam showing limited lumbar range of motion, good lower extremity strength and tenderness to palpation across the lower back myofascial tissue, reduced left hand grip.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP Remote Care for 4 months and interdisciplinary reassessment 1 (4hr): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 49.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain." The injured worker has completed 6 weeks of a functional restoration program and had benefits of reduced medications, improved pain coping skills, reduced requests for assistance, and improved communications skills and willingness to learn self-management. The injured worker complained of persistent low back pain with exam showing limited lumbar range of motion, good lower extremity strength and tenderness to palpation across the lower back myofascial tissue, reduced left hand grip. The treating physician has not documented the specific rationale for additional aftercare sessions, or why the injured worker had not received adequate training and supervision for a successful transition to a self-directed independent program. The criteria noted above not having been met, HELP Remote Care for 4 months and interdisciplinary reassessment 1 (4hr), is not medically necessary.