

Case Number:	CM15-0191878		
Date Assigned:	10/06/2015	Date of Injury:	09/08/2010
Decision Date:	11/18/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old male who sustained an industrial injury on 09-08-2010. According to a functional restoration program report dated 08-10-2015-08-12-2015, the injured worker had completed 32 days of a functional restoration program. He had exhibited independent to initiate and institute "effective" strategies to manage his chronic pain. He had increased his functional tolerances and gained significant strength and endurance to be able to return to work. The provider noted that the injured worker did "outstandingly" well. In regard to his back, he was free to return to work without restrictions. However he did have a second industrial case with a provider who had him on temporary disability. The provider noted that it would be in his best interest to have this restriction lifted so that he had an income while pursuing appropriate treatment. Home exercise was recommended with use of a gym ball, pair of dumbbells, adjustable cuff weights, Thera-Cane, foam half roll, BOSU ball and agility ladder. Treatment recommendations included an in-office interdisciplinary reassessment. An authorization request dated 08-20-2015 was submitted for review. Diagnoses included joint pain, degeneration of lumbar disc and myofascial pain. The requested services included durable medical equipment and reassessment 1 visit 4 hours. On 08-28-2015, Utilization Review non-certified the request for 1 interdisciplinary reassessment visit 4 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 interdisciplinary reassessment visit (4 hours): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: The patient presents with joint pain, degeneration of lumbar disc and myofascial pain. The current request is for 1 interdisciplinary reassessment visit (4 hours). The treating physician states, in a report dated 08/10/15, In coordination of the patient's planned transition out of [REDACTED], we request authorization for an in-office interdisciplinary reassessment in 3 months to revise treatment plan. (83B) The MTUS Guidelines support FRP up to 160 hours. In this case, the patient has completed 32 days of treatment, has been cleared for a return to work without limitation, and is active in a home exercise program. The current request is not supported by MTUS guidelines and is not medically necessary.