

Case Number:	CM15-0010590		
Date Assigned:	01/28/2015	Date of Injury:	08/07/2008
Decision Date:	03/25/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/20/2015

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

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 55 year old male, who sustained an industrial injury on 08/07/2008. On provider visit dated 11/19/2014 the injured worker has reported decreased in lower extremity muscle tone following intrathecal baclofen infusion rate increase. On examination he was noted to have a decreased range of motion of cervical spine, increased muscle tone was noted of the left upper extremity, hyperreflexia was noted in the left brachioradialis, left biceps, and left triceps deep tendon reflexes. The diagnoses have included Spastic hemiplegia, cervical spinal cord injury, incomplete C4 level and status post implantation of intrathecal catheter and programmable infusion pump. On 12/19/2014 Utilization Review non-certified Rehabilitation Program at Project Walk. The non MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rehabilitation Program at Project Walk: 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 functional restoration programs Page(s): 49.

Decision rationale: The patient presents with decreased lower extremity muscle tone following intrathecal baclofen infusion rate increase. The request is for REHABILITATION PROGRAM AT PROJECT WALK. On examination he was noted to have a decreased range of motion of cervical spine, increased muscle tone was noted of the left upper extremity, hyperreflexia was noted in the left brachioradialis, left biceps, and left triceps deep tendon reflexes. Patient's diagnosis included spastic hemiplegia, cervical spinal cord injury, incomplete C4 level and status post implantation of intrathecal catheter and programmable infusion pump. The RFA is not provided. Patient's work status is unknown. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities)." Per the progress report dated 10/15/14, treater states, "recommend the patient continue the rehabilitation and this has positive benefits of reducing the risk of urinary tract infection, reducing risk of osteoporosis, reducing spasticity, increasing his mental health." In this case, there is no information pertinent to the specific therapies or activities being requested such as body parts, quantity or duration. There is no discussion as to why the patient is not able to walk and exercise at home. Given the limited information provided, the request cannot be considered to be in accordance with the guidelines. Therefore, the request IS NOT medically necessary.