

Case Number:	CM14-0143658		
Date Assigned:	09/12/2014	Date of Injury:	08/27/1997
Decision Date:	10/06/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/04/2014

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 Georgia. 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 claimant is a 48 year old male presenting with chronic pain following work related injury on 8/27/1997. According to the medical records the claimant sustained a spinal cord injury resulting in T10 paraplegia. On 5/15/2013, the claimant complained of headaches after a fall from the wheelchair. The physical exam showed normal upper extremity range of motion and symmetric strength. Evaluation of the lower extremities was not performed. The claimant was diagnosed with paraplegia due to the head injury from a fall without intracranial hemorrhage. On 8/26/2014, the claimant complained of neurogenic bladder status post thoracic spinal cord injury with paraplegia. The physical exam showed no lower motor strength, right hydrocele and scar from prior sperm retrieval. The provider requested spinal cord injury re-evaluation at [REDACTED], outpatient from 09/14/2014 through 9/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cord Injury Re-Evaluation at [REDACTED], Outpatient, from 9/14/2014 through 9/18/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 31 and 49.

Decision rationale: Spinal Cord Injury Re-Evaluation at [REDACTED], Outpatient, from 9/14/2014 through 9/18/2014 is medically necessary. According to the medical records and appeal letter by the provider, [REDACTED] provides a functional restoration program. CA MTUS page 49 states that functional restoration programs are recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. "The program is the type of treatment included in the category of interdisciplinary pain programs for patients with chronic disabling occupational musculoskeletal disorders. These programs emphasized the importance of function over the elimination of pain and incorporate components of exercise progression with disability management and psychosocial intervention. Treatment in these programs is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." Page 31 of MTUS guidelines also states that while functional restoration programs are recommended, research remains ongoing as to what is considered a gold standard content for treatment, the group of patients that benefit most from this treatment, the exact timing of when to initiate treatment, the intensity necessary for effective treatment, and cost effectiveness. According to the medical records, the claimant had a loss of follow-up for about one year due to relocation to another state. The claimant presented with neurogenic bladder, hydrocele and a fall from a wheelchair. The claimant does qualify for re-evaluation at [REDACTED] because he does have a chronic disabling occupational musculoskeletal disorder. He requires this program to improve function and prevent any adverse effects from his disability; therefore, the requested service is medically necessary.