

<b>Case Number:</b>	CM13-0002088		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	07/12/2011
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 33 year-old male with a date of injury of 07/12/2011. The listed diagnoses per [REDACTED] dated 06/21/2013 are: 1) Chronic axial low back pain 2) Left lower extremity lumbar radiculopathy 3) Lumbar degenerative disk disease 4) Lumbar myofascial pain 5) Severe depression. This patient was fully assessed and evaluated on 04/09/2013 to determine if he is a candidate for participating in the HELP program. The HELP program team determined eligibility and patient started his six week program on 05/13/2013. According to report dated 06/21/2013 by [REDACTED], the patient has completed his sixth and final week in the direct HELP program. Treater is requesting 4 additional months of remote care, reassessment and equipment. The treater states the remote program will assist the patient in weekly goal setting and goal attainment monitoring and to assist patient in making functional progress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 MONTHS HELP REMOTE CARE REASSESSMENT AND EQUIPMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MULTIDISCIPLINARY PAIN MANAGEMENT PROGRAMS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 30-33.

**Decision rationale:** This patient has completed his sixth and final week in the direct HELP program. Treater is requesting additional 4 months of remote care. Utilization review dated 07/10/2013 denied request stating "there was no indication of any specific remaining functional deficits that need to be addressed." The MTUS guidelines pages 30-33 has the following under chronic pain programs (functional restoration programs): "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. 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 co morbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function." Report dated 06/21/2013 states patient "has done very well during his time in the program. He has been an inspiration to his peers on the gym floor, demonstrating consistent functional gains and strong work ethics." The report further states patient is implementing effective pain management tools and have meet his goals. In this case, the patient has already completed 6 weeks program. MTUS does not provided for an extended program following a full course of functional restoration. Continued monitoring of the patient's condition should be carried out by the patient's primary treater via regular visitations. In addition, it is unclear why the patient would not be able to apply what he has learned within the 6 week HELP program after discharge. Recommendation is for denial.