

<b>Case Number:</b>	CM13-0022574		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 45-year-old female with a date of injury of 06/10/2008. The listed diagnoses per a report dated 07/17/2013 are: (1) Status post motor vehicle accident with a left shoulder contusion, chest wall contusion, facial and scalp contusions, and hip and pelvic pain, (2) cervical sprain/strain with chronic pain, (3) lumbar sprain/strain, (4) mechanical low back pain, (5) left shoulder sprain/strain, (6) posttraumatic arthritis of the left AC joint, (7) left hip and ankle sprain/strain with chronic pain, (8) severe depression. According to report dated 07/17/2013 by [REDACTED], the patient was evaluated by the HELP team to determine whether she was an appropriate candidate for participating in the HELP interdisciplinary pain rehabilitation program. The report goes on to discuss the patient's perception of pain, past medical history, review of systems, family, social, and vocational history. The report also discusses the patient's potential negative predictors, patient's motivation for change and recognizes patient's psychosocial factors. It was noted from a physical standpoint that patient was noted to be "very deconditioned." Pain medications include trial of Naprosyn, Ultracet, Tylenol, Bacitracin ointment, Robaxin, Lodine, and ibuprofen. It was noted that the patient has also tried physical therapy and hot packs. The treater believes patient requires more intensive and interdisciplinary treatment and requests 3 weeks of a part day program, from 9 to 4 p.m., which would equate to 2 full weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Three weeks HELP interdisciplinary pain rehab program:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-33.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend functional restoration programs and indicate they may be considered medically necessary when all criteria are met including completion of an adequate and thorough evaluation, previous methods of treating chronic pain have been unsuccessful and significant loss of ability to function independently resulting from the chronic pain. In this case, the treater provides a thorough evaluation and concludes that the patient is a candidate for interdisciplinary pain rehabilitation program. The criteria for the HELP program have been met and are in accordance of the MTUS Chronic Pain Guidelines. The requested 3 weeks part-day participation in HELP program is medically necessary and appropriate.