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| Case Number: | CM13-0023341 | | |
| Date Assigned: | 11/15/2013 | Date of Injury: | 09/05/2011 |
| Decision Date: | 01/15/2014 | UR Denial Date: | 09/04/2013 |
| Priority: | Standard | Application Received: | 09/12/2013 |

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 and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 31-year-old male who reported an injury on 09/05/2011 due to a left fibular sesamoid bone fracture. The patient underwent the bone fracture removal and subsequently developed chronic regional pain syndrome. The patient underwent spinal cord stimulator placement that reportedly provided consistent improvement for the patient's CRPS symptoms. The patient previously participated in a functional restoration program for approximately 7 weeks that did not provide significant benefit. The patient's most recent clinical exam findings included moderate pain, ambulation assistance with a single point cane, and evidence of allodynia of the left ankle. The patient's diagnoses included complex regional pain syndrome, status post first digit surgery with removal of his fibular sesamoid bone, and status post wound dehiscence. The patient's treatment included continuation of medications and re-enrollment into a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation at HELP - health education for living pain program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG - TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

Decision rationale: The requested evaluation at HELP - Health Education for Living with Pain Program is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient had previously participated in this type of program for approximately 7 weeks without significant benefit. California Medical Treatment Utilization Schedule states "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). Treatment duration in excess of 20 sessions require 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." The clinical documentation submitted for review does indicate that the patient has functional limitations that prevent the patient from performing job duties. However, the patient has already participated in this type of program without significant functional benefit. Negative predictors would need to be addressed prior to an additional evaluation and consideration of this type of program. As such, the requested evaluation for HELP, Health Education for Living in Pain Program, is not medically necessary or appropriate.