

Case Number:	CM13-0023443		
Date Assigned:	11/15/2013	Date of Injury:	04/13/2011
Decision Date:	03/07/2014	UR Denial Date:	09/03/2013
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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 50 year-old with a date of injury of 04/13/11. The mechanism of injury was development of low back pain after wrapping pallets for several days. The most recent progress report (PR-2), which is undated, identifies subjective complaints of constant low back pain and right leg pain. Objective findings included tenderness at T11 and T12 and a positive straight leg-raising test at 50 degrees. Diagnostic studies showed disc desiccation with degenerative changes on MRI as well as mild disc bulging at multiple levels. Diagnoses indicate that the patient has "chronic thoracic and lumbar pain". Treatment has included a TENS unit and oral medications. Treatment now recommended is evaluation for a multidisciplinary care program. A Utilization Review determination was rendered on 09/03/13 recommending non-certification of "1 evaluation for Health Education for Living with Pain (HELP)".

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Evaluation with Health Education for Living with Pain (HELP) Program: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration Programs Page(s): 49.

Decision rationale: The MTUS Chronic Pain Guidelines state that there is strong evidence that intensive multidisciplinary rehabilitation with functional restoration reduces pain and improves function of patients with low back pain. Though it further states that research is ongoing as to how to most appropriately screen for inclusion into these programs, the patient has no obvious contraindication to screening