

Case Number:	CM13-0028465		
Date Assigned:	11/27/2013	Date of Injury:	07/13/2009
Decision Date:	02/10/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/08/2013

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 45-year-old female who reported an injury on 07/13/2009. The patient is diagnosed with chronic low back pain, axial low back pain, lumbar radiculopathy, possible sacroiliitis, history of bilateral hip pain, cervical and lumbar myofascial pain, history of depression, cervical degenerative disc disease, and left C6 radiculopathy. The patient was seen by [REDACTED] on 09/03/2013. Physical examination revealed tenderness to palpation of the lumbar spinous processes, tenderness to palpation of the right greater than left sacroiliac joints, diffuse myofascial pain, tenderness to palpation of the left rhomboid muscles, numerous trigger points noted in the bilateral trapezius, and antalgic gait. Treatment recommendations included continuation of current medication and a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One interdisciplinary HELP (Health Education for Living with Pain Program) evaluation between 9/3/13 and 11/24/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration programs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that put them at risk of delayed recovery. An adequate and thorough evaluation should be made, including baseline functional testing. There should be evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. There should also be evidence of a significant loss of ability to function independently resulting from the chronic pain. Patients should exhibit motivation to change and willingness to forego secondary gains. Negative predictors of success should be addressed. Total treatment duration should not generally exceed 20 full day sessions. As per the clinical notes submitted, the patient has reported pain relief with acupuncture, psychotherapy, relaxation therapy, chiropractic treatment, exercise, physical therapy, and medications. There is no evidence of a failure to respond to previous methods of treating chronic pain. There is no evidence of an absence of other options that are likely to result in significant clinical improvement. The patient has not undergone any surgical intervention, and there is no indication that this patient is not a surgical candidate. The patient's physical examination only revealed tenderness to palpation with trigger points. The patient demonstrated normal range of motion of the cervical spine, shoulders, hips, knees, and ankles. Based on the clinical information received, the patient does not currently meet criteria for a functional restoration program. Therefore, the request is non-certified.