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| Case Number: | CM13-0034258 | | |
| Date Assigned: | 12/06/2013 | Date of Injury: | 09/30/2012 |
| Decision Date: | 02/19/2014 | UR Denial Date: | 09/20/2013 |
| Priority: | Standard | Application Received: | 10/11/2013 |

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 Pain Management, has a subspecialty in Disability Evaluation 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:

This is a 45-year-old female with a 9/30/2012 date of injury in a trip and fall. Her diagnosis includes: Chronic left hip and low back pain; L4-L5 DDD; L5 radiculopathy; and severe depression. The patient completed 3 weeks of part day Latino HELP program treatments which is an interdisciplinary Pain Rehabilitation Program. The program is 6 weeks of part day sessions. The 9/13/13 FRP report states that the patient demonstrated increased exercise intermittently, task persistence intermittently, pacing, using relaxation techniques, using positive self-statements intermittently, and avoiding catastrophizing intermittently. The patient is able to use the self-management skills with some tasks but needs more practice for consistency. The patient is reported to be very participatory and is working on her independence in the exercise area, but still requires additional instruction, which she verbalizes and understands. She provides good questions and commentary when attending lectures. She has been avoiding the use of pain contingent medications and is working to improve her stamina. Functionally, she was unable to increase her left grip strength tolerance due to fatigue and sitting tolerance which was due to lower body numbness. The patient is reported to be practicing her pacing strategies at home, attending church, and beginning to explore potential jobs she would be interested in pursuing. There has been an increase in walking capacity from 14 minutes to 25 minutes since the previous report {baseline 14 minutes}; no mentions of previous fear avoidance and pain somatization. Her lifting/carrying capacity improved from 10 pounds to 12 pounds since the previous report (baseline 8 pounds). She has a standing tolerance of 20 minutes and sitting tolerance of 30 minutes. Her grip strength tolerance is 50 pounds in the right hand and 47 pounds in the left hand. Her diagnostics include: 5/24/13 MRI of the hip impression: Nonmalleft hip. The cause of the patient's reported hip pa

IMR ISSUES, DECISIONS AND RATIONALES

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

remaining Latino HELP program for 3 weeks: 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 Page(s): 31-32.

Decision rationale: CA-MTUS (Effective July 18, 2009) page 31 to 32 of 127, under the section on Multidisciplinary Pain Management states: "There is no one universal definition of what comprises interdisciplinary/multidisciplinary treatment. The most commonly referenced programs have been defined in the following general ways" (Stanos, 2006): Multidisciplinary programs involve one or two specialists directing the services of a number of team members, with these specialists often having independent goals. A Functional Restoration Program involves a major emphasis on maximizing function versus minimizing pain. Therefore the request for Remaining Latino HELP program x 3 weeks is medically necessary, since the claimant has demonstrated functional improvement from previous sessions.