

Case Number:	CM13-0034612		
Date Assigned:	12/11/2013	Date of Injury:	08/27/2010
Decision Date:	02/10/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/15/2013

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 Family Practice, and is licensed to practice in 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 29-year-old male who reported an injury on 04/24/2009 due to cumulative trauma while performing normal job duties. The patient reported a low back injury. The patient was conservatively treated with physical therapy, chiropractic care, medications, and injection therapy. After the exhaustion of lower levels of care, the patient was prescribed a functional restoration program. The patient participated in this program with increased functional benefit. The patient's diagnoses included lumbar spondylosis, myofascial pain, fear based avoidance of activity, and moderate depression. The treatment plan included continuation of the functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP program x 4 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration programs) Page(s): s 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration programs) Page(s): s 30-32.

Decision rationale: The request for HELP program times 4 months is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the

patient has participated in a functional restoration program that has provided significant functional benefit, pain reduction, and psychological support. However, the requested 4 months does not allow for timely reassessment and evaluation of the patient to support continuation of the functional restoration program. Additionally, California Medical Treatment Utilization Schedule does not recommend treatment programs to exceed 20 sessions without individualized care plans and proven outcomes. The clinical documentation submitted for review does provide specific goals; however, there are no individualized care plans to support a longer duration of this type of program. As such, the requested HELP program times 4 months is not medically necessary or appropriate.