

Case Number:	CM13-0040080		
Date Assigned:	12/20/2013	Date of Injury:	12/06/1994
Decision Date:	03/17/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/29/2013

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 has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 49 year old injured worker who reported an injury on 12/06/1994. The mechanism of injury involved heavy lifting. The patient is diagnosed as status post inguinal hernia, persistent inguinal hernia and neuropathic pain, history of prior suicide attempt, and chronic opioid use. The patient was seen by [REDACTED] on 08/21/2013. The patient reported constant pain in the groin area bilaterally with radiation to the scrotum. Physical examination revealed guarding with tenderness to palpation. Treatment recommendations included a urine drug screen, continuation of current medication, and a referral for the HELP functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for functional restoration program at offices of HELP Pain Medical Network in regards to groin/abdominal pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 474.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment 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. As per the clinical notes submitted, the patient has participated in a functional restoration program, which did not provide them with improvement in function. The patient's physical examination only revealed tenderness to palpation with guarding. There is no evidence of significant functional limitation. The request for evaluation for functional restoration program at offices of HELP Pain Medical Network in regards to groin/abdominal pain is not medically necessary and appropriate.