

<b>Case Number:</b>	CM13-0041562		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/23/2010
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation 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 49-year-old male who reported a work-related injury on 11/23/2010 after hitting his head on a counter at work. Recent clinical documentation stated a HELP pain program was being requested for the patient due to his need for psychological services and physical needs for rehabilitation and education about his condition. The patient has current complaints of neck pain. Request has been made for evaluation with HELP pain program - basically a multidisciplinary evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation with HELP pain program, basically a multidisciplinary evaluation:** Upheld

**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 Chronic pain programs (functional restoration programs) Page(s): 30-32.

**Decision rationale:** California Chronic Pain Medical Treatment Guidelines indicate criteria for the general use of multidisciplinary pain management programs include an adequate and thorough evaluation of the patient has been made to include baseline functional testing so that followup of the same test can note functional improvement and previous methods of treatment

chronic pain have been unsuccessful and there is absence of other options likely to result in significant clinical improvement. There was no clinical documentation stating the patient had failed previous methods of treating his chronic pain and there was no evidence given that there was an absence of other options likely to result in clinical improvement for the patient. The patient was also not noted to have a significant loss of ability to function independently resulting from the chronic pain per guideline criteria. There was not a physical exam noting significant functional deficits for the patient. Recent clinical notes stated that the patient had a need for psychological services. Given the above, the decision for evaluation with HELP pain program is non-certified.