

Case Number:	CM13-0046653		
Date Assigned:	12/27/2013	Date of Injury:	01/10/2002
Decision Date:	02/28/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/01/2013

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 Ohio 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 52-year-old female who reported an injury on 01/10/2002. The mechanism of injury was not provided in the medical records. The patient's diagnoses include lumbago and lumbar disc displacement without myelopathy. Her symptoms are noted to include low back pain and bilateral hip pain. Her objective findings include decreased motor strength in the left lower extremity to 4/5, decreased sensation to light touch "left to right," and her functional range of motion was noted to be more restricted on the "left to right." Prior therapies were noted to include medications and home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP program evaluation (PT exam, PT evaluation, Psych assessment): 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 Chronic Pain Programs Page(s): 30-32.

Decision rationale: According to the California MTUS Guidelines, chronic pain programs/functional restoration programs may be recommended for patients after a thorough and adequate evaluation has been performed to include baseline functional testing; previous methods

of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient had a significant loss of ability to function independently; the patient is not a candidate for surgery or other treatments; the patient exhibits motivation to change; and negative predictors of success have been addressed. The clinical information submitted for review failed to include an adequate and thorough evaluation for the HELP program. Additionally, the patient's previous methods of treatment were not provided in detail in the clinical documentation and it was only noted that she had previously attempted medications and a home exercise program. Therefore, it is unknown whether the patient had been treated with physical therapy, therapeutic injections, or other conservative treatments. Therefore, the patient does not meet the criteria for a chronic pain or functional restoration program. As such, the request is non-certified.