

Case Number:	CM13-0055563		
Date Assigned:	12/30/2013	Date of Injury:	01/20/2009
Decision Date:	03/27/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/21/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 43-year-old male who reported an injury on 01/20/2009, secondary to a fall. The patient is diagnosed as status post fracture of the right transverse process at C7, laceration of the inferior aspect of the liver, scalp hematoma, comminuted distal radius fracture, fracture of lateral tip with a left transverse process at L2, chronic pain syndrome, substance abuse history, bilateral wrist fracture, degenerative joint disease of the lumbar and cervical spine and moderate depression. The patient was seen by [REDACTED] on 10/16/2013. The patient reported ongoing pain rated 9/10. Physical examination revealed decreased range of motion, intact sensation, and tenderness to palpation. Treatment recommendations included authorization for an initial course of 3 weeks part day treatment in the HELP program.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for three (3) week part day HELP Interdisciplinary pain rehabilitation program equating 2 full weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended, where there is access to programs with proven successful outcomes for patients with conditions that place them at risk of delayed recovery. As per the documentation submitted, the patient has previously undergone a HELP program. There is no documentation of a significant loss of the ability to function independently. There is also no indication that this patient exhibits motivation to change and willingness to forego secondary gains. Negative predictors of success have not been addressed. The patient has a history of chronic opioid analgesic use and continues to be diagnosed with major depressive disorder. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.