

Case Number:	CM13-0057851		
Date Assigned:	12/30/2013	Date of Injury:	09/21/2010
Decision Date:	03/19/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/16/2013

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 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 female who reported an injury on 09/21/2010. The patient reportedly injured her lower back while attempting to hang a heavy metal shelf on a display rack. The patient is diagnosed with chronic low back pain, lumbar degenerative disc disease, myofascial pain syndrome, sleep disturbance, and mild depression. A physician progress report was submitted on 08/13/2013 by [REDACTED], indicating the need for an interdisciplinary HELP program secondary to the patient's chronic pain. Recommendations included participation in four months of the HELP remote aftercare program for continued monitoring, support, and to facilitate continued functional progress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient HELP interdisciplinary reassessment, one visit for four hours: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS 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. The total treatment duration should not generally exceed 20 full day sessions. As per the clinical notes submitted, the patient has participated in the HELP remote aftercare program since 06/2013. The latest HELP progress report, submitted on 09/20/2013, indicated an improvement in function and compliance with medication. Any reassessment of the patient's condition should have been included in the four month HELP remote aftercare program. Therefore, the medical necessity for an outpatient HELP interdisciplinary reassessment has not been established. Therefore, the request is non-certified.