

<b>Case Number:</b>	CM13-0058123		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/05/2011
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 expert 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 injured worker is a 35 year-old female who reported an injury on 08/06/2011; the mechanism of injury was blunt trauma. The injured worker reported chronic pain. The documentation provided for review indicated the injured worker reported ankle pain. It was noted the injured worker tried various medications in the past to try to alleviate her pain. The most recent clinical note dated 09/24/2013 indicated the injured worker medication regimen included amitriptyline hcl 25mg at bedtime. The physician indicated that since there is has been no improvement with the current treatment plan we need to move forward with a more aggressive approach and requested an evaluation for the HELP program. The current request is for a HELP Evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EVALUATION WITH HELP PROGRAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs.

**Decision rationale:** The MTUS Chronic Pain Guidelines note for the general use of multidisciplinary pain management programs an adequate and thorough evaluation should be made, including baseline functional testing so follow-up with the same test can note functional improvement, that previous methods of treating chronic pain have been unsuccessful, the patient has a significant loss of ability to function independently resulting from the chronic pain, the injured worker is not a candidate where surgery or other treatments would clearly be warranted, the injured worker exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & negative predictors of success above have been addressed. The medical records provided for review failed to indicate that the injured worker meets the criteria to consider multidisciplinary/chronic pain programs. Previous methods of treating chronic pain must be unsuccessful and it was unclear if the injured worker has exhausted all potential conservative care options prior to considering this type of program. Therefore, the request for an evaluation with HELP program is not medically necessary and appropriate.