

Case Number:	CM13-0066505		
Date Assigned:	01/03/2014	Date of Injury:	05/01/2009
Decision Date:	05/20/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/06/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in [REDACTED]. 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 patient is a 60 year-old male with a 5/1/09 industrial injury claim. He has been diagnosed with lumbar degenerative disc disease, myofascial pain, and depression. According to the HELP/functional restoration program report dated 11/12/13, the patient presents with pain in the low back, radiating down the left leg and his right shoulder. Medications include verapamil, ibuprofen, tramadol, Flector patches, and omeprazole. The patient completed the HELP program, but has not returned to work, and reports document a decrease in activity level and continued depression. [REDACTED] recommends an additional two weeks of a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL TWO WEEKS OF HELP INTERDISCIPLINARY PAIN REHABILITATION PROGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9,30-32.

Decision rationale: According to the HELP/functional restoration program report dated 11/12/13, the patient presents with pain in the low back, radiating down the left leg and his right shoulder. He completed the HELP program, but has not returned to work and reports a decrease in activity level and continued depression. The physician requests another two weeks of the functional restoration program (FRP). The prior FRP evaluation was on 2/26/13, and the program took place from 4/2/13-4/19/13, and from 4/29/13-5/17/13. [REDACTED] states that the goals of the program are to educate the patient on opioids, how to count pills and store medications, and how to take medications properly. The physician has not mentioned the main goal of the FRP, which is ultimately to return to work. The patient has failed to return to work after the prior FRP, and the MTUS does not recommend continuing treatments that are not effective. The goals outlined by the physician are normal goals for a pain management or office visit, and do not require a functional restoration program to obtain. As such, the request is not medically necessary.