

Case Number:	CM13-0069503		
Date Assigned:	01/03/2014	Date of Injury:	08/14/2008
Decision Date:	05/22/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 Illinois. 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 51-year-old female who reported an injury on August 14, 2008 secondary to stepping down off of a ladder. She was evaluated on November 22, 2013 and reported pain in the low back, shoulders, and left wrist with unknown severity. On physical exam, she was noted to have diffuse tenderness and mild spasm of the cervical and lumbar spine with 30 degrees of lumbar flexion and 10 degrees of lumbar extension. She was also noted to have diminished sensation and range of motion of the left wrist and hand. In the lower extremities, the injured worker was noted to have decreased sensation, decreased deep tendon reflexes (1+), positive straight leg raise bilaterally, and normal motor strength (5/5). Diagnoses included lumbago with bilateral sciatica, cervicalgia, left hand pain, and posterior interosseous syndrome. Medications include Norco and Lidoderm patches. The injured worker completed 10 sessions of physical therapy from July 18, 2013 to September 12, 2013 and it was noted that lumbar range of motion improved by 20% during that time. She also completed aquatic therapy, which was noted to improve back and shoulder pain. She has been recommended for evaluation and treatment to the Health Education for Living with Pain (HELP) program.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION AND TREATMENT TO THE HELP PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-32.

Decision rationale: The request for evaluation and treatment to the HELP program is non-certified. The injured worker reported pain in the low back and wrist and has been diagnosed with lumbago, bilateral sciatica, cervicalgia, and posterior interosseous syndrome. The request is for treatment with the HELP program. The HELP program is an interdisciplinary outpatient pain program that provides individual treatment plans, medication optimization, and comprehensive rehabilitation programs designed to achieve functional goals in 1-6 weeks of full-day or partial-day treatments. The California MTUS Chronic Pain Medical Treatment Guidelines support the use of outpatient pain rehabilitation programs when previous methods of treating chronic pain have been unsuccessful. There is no documentation of dosage, frequency, duration, or efficacy of medications in the information provided for review. Therefore, it is unclear what effect previous methods have had on pain relief. Guidelines also state that the injured worker should have a significant loss of ability to function independently resulting from chronic pain. The last clinical note stated that the injured worker is currently working with modified duties. There is no evidence of decreased ability to complete activities of daily living or significant loss of ability to function independently in the documentation provided for review. Furthermore, guidelines do not recommend treatment for longer than two (2) weeks without evidence of demonstrated efficacy, with a total treatment duration not to exceed two (2) full-day sessions. The request as it is written does not quantify the duration of the HELP program requested. As such, the request for evaluation and treatment to the HELP program is not medically necessary.