

Case Number:	CM13-0071938		
Date Assigned:	01/08/2014	Date of Injury:	05/09/1996
Decision Date:	06/09/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 patient is an employee of [REDACTED] and has submitted a claim for lumbar spine pain, cervical spine pain, and chronic pain syndrome associated with an industrial injury date of May 9, 1996. Treatment to date has included physical therapy, and medications such as Dexilant, Carafate, Nucynta, and Oxycodone. Medical records from 2012 to 2013 were reviewed showing the patient complained of neck and back pain resulting to sleeping difficulties. Pain was graded 7 to 8/10 even with medications. Range of motion of the cervical and lumbar spine was 'poor'. Progress notes were handwritten and somewhat illegible. Utilization review from December 12, 2013 denied the request for HELP program evaluation for full treatment because there has been no documentation of gross functional deficits, no indications that the patient is motivated to return to work, and no further attempts have been made to reduce the patient's dependence of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP PROGRAM EVALUATION FOR FULL TREATMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, 31-32 Page(s): 31-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Chronic Pain Programs (Functional Restoration Programs).

Decision rationale: As stated on pages 31-32 of CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for functional restoration program (FRP) participation include an adequate and thorough evaluation; previous methods of treating chronic pain have been unsuccessful, there is an absence of other options likely to result in significant clinical improvement, and negative predictors of success have been addressed, etc. ODG Pain Chapter states that there is little research as to the success of return to work with functional restoration programs in long-term disabled patients (>24 months). In this case, the rationale given for this request is to help the patient in performing her activities of daily living. The medical necessity for this program has not been established because the date of injury is 1996, which is beyond the duration of time recommended by the guidelines as stated above. Furthermore, there is no comprehensive documentation of physical impairment, as well as functional limitation in daily activities. Lastly, there is no evidence that the negative predictors of success in FRP have been addressed. Therefore, the request for HELP program evaluation for full treatment is not medically necessary.