

Case Number:	CM14-0008714		
Date Assigned:	02/12/2014	Date of Injury:	05/02/2008
Decision Date:	06/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/23/2014

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, has a subspecialty in Interventional Spine 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 a 45-year-old male with a date of injury of 05/02/2008. According to the progress, 12/06/2013, by [REDACTED], the patient presents with chronic low back and left knee pain. The treating physician states the patient has been dealing with persistent pain and it is realistic to expect that he may continue to experience continued pain into the future. The patient described a high desire to regain functional capacities, capable of returning him to the open labor market. The patient is highly interested in also reducing his medication and endorses a rehabilitative program making him a suitable candidate for participation in the Functional Restoration Program. Request for authorization from 12/20/2013 requests a Multidisciplinary Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP EVALUATION (MULTIDISCIPLINARY EVALUATION FOR FUNCTION RESTORATION PROGRAM): Overturned

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

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

Decision rationale: The MTUS page 30 to 33 recommends functional restoration programs and indicates it may be considered medically necessary when all criteria are met including, (1) adequate and thorough evaluation has been made, (2) previous methods of treating chronic pain have been unsuccessful, (3) significant loss of ability to function independently resulting from the chronic pain, (4) not a candidate for surgery or other treatment would clearly be, (5) the patient exhibits motivation to change, (6) negative predictors of success above have been addressed. In this case, the treating physician is requesting an evaluation as the patient may be a candidate for the HELP program, due to patient's chronic pain. An evaluation is reasonable and supported by MTUS. Without a thorough evaluation, one cannot determine whether or not the patient is a good candidate for a functional restoration program.