

Case Number:	CM14-0102224		
Date Assigned:	07/30/2014	Date of Injury:	10/12/2006
Decision Date:	10/02/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/02/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 22, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy, discectomy, fusion surgery on February 7, 2011; and adjuvant medications. In Utilization Review Report dated June 11, 2014, the claims administrator denied a request for generic testing and denied a request for HELP Functional Restoration Program. The applicant's attorney subsequently appealed. In a May 8, 2014 progress note, the applicant reported persistent complaints of low back pain. Genetic testing was sought to help guide the attending provider's opioid selection, going forward. The applicant did have comorbidities, hypertension. The applicant was using Norco and Elavil, it was stated. The applicant's work status was not clearly outlined. The attending provider posited that the applicant's ongoing medication usage was successful. The remainder of the file was surveyed. There was no evidence that the applicant had completed a precursor evaluation prior to consideration of HELP program/functional restoration program. In a March 10, 2014 progress note, the primary treating provider noted that he was in agreement with the applicant's qualified medical evaluator, that a comprehensive in patient pain management to address the applicant's dependency issues and offer him psychotherapy was recommended. A HELP program was sought. The attending provider also stated that he was not going forward with a previously planned intrathecal pain pump implantation. The applicant was asked to continue all medications in the interim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cytokine-DNA testing for Pain Topic. Page(s): 42.

Decision rationale: As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines. DNA testing for chronic pain is deemed "not recommended" as there is no evidence that DNA testing/genetic testing for chronic pain would appreciably influence or alter the treatment or management of the same. Therefore, the request is not medically necessary.

H.E.L.P. program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, chronic, functional restoration programs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32.

Decision rationale: As noted on page 32 in the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a chronic pain program/functional restoration program such as the HELP program at issue is that there is an "absence of other options likely resulting in significant clinical improvement." In this case, the attending provider has not clearly outlined why the applicant's rehabilitation cannot continue through conventional means, through conventional outpatient office visits, psychological counseling, etc. Page 32 in the MTUS Chronic Pain Medical Treatment Guidelines also suggests that an adequate and thorough precursor evaluation be performed before authorization for Functional Restoration Program is sought. In this case, it does not appear that the prerequisite or precursor evaluation has been performed. Since several criteria for pursuit of a chronic pain program/functional restoration program/HELP program have not seemingly been met, the request is not medically necessary.