

Case Number:	CM14-0010736		
Date Assigned:	02/21/2014	Date of Injury:	07/01/2011
Decision Date:	06/25/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/27/2014

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 and 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 36 year old male who reported an injury on 07/01/2011, due to a heavy lifting injury. The clinical note dated 01/23/2014 presented the injured worker with low back stabbing pain. The injured worker's physical exam revealed a well healed lumbar incision, the inability to perform ADL's without substantial modifications, demonstrated moderate to severe distress in relation to his pain, and demonstrated severe pain related limitations that made examination difficult to perform and the results difficult to interpret. The injured worker was diagnosed with displacement of lumbar disk without myelopathy, degeneration of the lumbar disk, post-laminectomy syndrome, and lumbar stenosis. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs Page(s): 30-33.

Decision rationale: The request for HELP program is not medically necessary. The California MTUS guidelines recommend HELP programs where there is access to programs with proven successful outcomes, for injured worker's with conditions that put them at risk of delayed recovery. Injured worker's should also be motivated to improve and return to work. The treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains, individualized care plans, proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. The following criteria should be met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The injured worker has a significant loss of ability to function independently resulting from the chronic pain; (4) The injured worker is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The injured worker exhibits motivation to change. The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pretreatment levels of pain. The included medical documents lack evidence of baseline functional testing and a complete and adequate pain assesment. The injured worker is currently on a permanent work restriction to include heavy lifting, repetative work at or above the shoulder level with the left arm as well as repetative flexion, extension, and rotation of the neck to include bending and stooping, which he is has shown objection to. There is no mention of the injured workers attempt to participate in modified part time work. Therefore, the request is not medically necessary.