

Case Number:	CM14-0018365		
Date Assigned:	04/18/2014	Date of Injury:	10/01/2011
Decision Date:	06/30/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 injured worker is a 40-year-old female who reported an injury on 10/01/2011 secondary to a pinning injury. The diagnoses are recurrent low back pain, degenerative disc disease at L5-S1 and lumbar sprain/strain. The injured worker was evaluated on 01/10/2014 for reports of head, neck, stomach, low back and bilateral lower extremities. The exam noted a history of medication trials, physical therapy, home exercise program, cold packs, back brace, injection therapy and spinal cord stimulator. The injured worker described the pain at 6/10 at time of evaluation with range of 4/10 to 10/10 and present 75% of the time. The injured worker reported the need of assistance with home duties, a complete loss of activity with her significant other, sleep difficulties, weight changes and libido changes. The exam noted right sided antalgic gait, back range of motion was flexion at 70 degrees, extension at 10 degrees, right tilt 30 degrees and left tilt at 20 degrees. The lower extremity reflexes were noted to be 2/4 at the knees and ankles. There was mild pain and restriction with the right FABER test and mild left sided restriction. There was a positive straight leg raise and hamstring stretch test noted with tenderness of the paraspinous and spinous muscles. The exam also noted a PHQ-9 score of 15 indicating a Major Depressive Syndrome and a functionality score of 2-3 indicating the injured worker is impaired due to depressive syndrome. The treatment plan included evaluation for a HELP (Help Eliminate Loss due to Pain) program. The request for authorization on 02/14/2014 and rationale are in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERDISCIPLINARY HELP EVALUATION 1 DAY QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS Page(s): 30-34.

Decision rationale: The request for interdisciplinary HELP evaluation 1 day (QTY: 1) is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend the use of multidisciplinary pain management programs when previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. The exam provided indicated a patient health questionnaire (PHQ-9) score of 15 indicating a major depressive syndrome and a functionality score of 2-3 indicating the injured worker is impaired due to depressive syndrome. There is no evidence in the documentation provided of any psychotherapy to show all treatment options have been exhausted. Therefore, based on the documentation provided, the request is not medically necessary.