

Case Number:	CM14-0110171		
Date Assigned:	09/19/2014	Date of Injury:	09/28/2012
Decision Date:	12/17/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/15/2014

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 Geriatrics and is licensed to practice in New York. 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 32 year old woman with a date of injury of 9/23/12. She was seen for behavioral medicine consultation and testing on 5/27/14. She reported weight loss since she started exercising at the gym. She reported feelings of depression and increased irritability. She reported that her pain impacted her mobility, daily activities and vitality. Her diagnoses included pain syndrome with psychological factors and general medical condition, major depressive disorder, sleep disorder, chronic pain in right wrist and complex regional pain syndrome. She had a physical therapy evaluation on 5/27/14 showing a disability score of 40% and loss of functional independence due to chronic pain. At issue in this review is an interdisciplinary pain management program - the Latino HELP Program quantity 80 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Latino Help Program, Quantity 80 Hours: 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 Page(s): 7-10, 49.

Decision rationale: The HELP program is a Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminishes. This injured worker has chronic pain which is said to be impacting her function. However, she has already been working at the gym and her injury was over two years ago. The records do not support the medical necessity of a HELP program at this point in her injury.