

Case Number:	CM14-0183943		
Date Assigned:	11/10/2014	Date of Injury:	02/14/2003
Decision Date:	12/18/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/04/2014

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, 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 54-year-old male with a date of injury of 02/14/2003. The listed diagnoses are: Polyarthropathy and moderate depression. According to report, 10/16/2014, the patient has a long history of shoulder and neck pain as well as swelling and numbness in his upper extremities. Patient's treatment history includes medications, brace/cast, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, massage, trigger-point injections, nerve blocks, surgery, acupuncture, relaxation training, and chiropractic treatment. Treater states the patient is currently not a surgical candidate. It was noted that the patient meets the guidelines' criteria for diagnosis of chronic pain syndrome and a functional restoration program is a medically necessary treatment. Patient underwent an assessment on 07/28/2014. The assessment indicated that the patient has significant loss of ability to function independently resulting from the chronic pain and reports need for some assistance for bathing, dressing, and grooming. It was noted patient's opioids are no longer helping him as he has developed tolerance and adverse side effects, and patient would like to eliminate use of opioids. Patient exhibits motivation to change and his daughters provide him the motivation he needs to improve. It was noted that the patient has moderate depression and "this will not be a barrier to participate in the HELP program. We have assessed the indicated potential negative predictors of success including his depression and the chronicity of the injection, and found them to be outweighed by the opportunity for improvement." This is a request for 80 hours of HELP program. Utilization review denied the request on 10/30/2014. Treatment reports from 05/23/2014 through 01/06/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 HELP program, 80 hours (5 days a week, 7 hours daily) to include 3 hours of patient education and 2 hours of therapeutic exercise every day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

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

Decision rationale: This patient presents with chronic pain. The treater is requesting 1 HELP program, 80 hours (5 days a week, 7 hours daily) to include 3 hours of patient education and 2 hours of therapeutic exercise every day. Utilization review denied the request stating that the patient underwent physical therapy as recent as July "but there is no evidence that he has attempted or failed the home therapy program." The MTUS pages 30 to 33 recommends functional restoration programs and indicates if 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, criteria for participation in the functional restoration program (FRP) have been met. Review of the assessment report from 07/28/2014 indicates that the patient has lost the ability to function independently and has tried conservative measures without improvement. Treater has noted that the patient is currently not a surgical candidate, and has a "strong desire to be rehabilitated and is motivated to participate in functional restoration program." Furthermore, the treater states that negative predictors of success were addressed including his depression and the chronicity of the pain. Given these findings, the request is medically necessary.